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ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

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Ju. Isprudence.

[Reported by WILLIAM WHITFORD.]

NEURITIS.

This patient is 49 years of age, and from the nature of his occupation not exposed to atmospheric conditions, but pursues his business in a uniform temperature. Two weeks ago, we are informed, he went to bed, laid on the right side, and awoke in the morning with severe pain in the right arm, which has been continuous. It is, as you notice, aggravated by linear pressure. He winces sharply when I press upon the painful spot.

Now this condition may be the result of proliferation of connective tissue cells from the blood-vessels, compression of nerve fibres and sensory tracts. Had we seen the case within a few hours after its inception, I should have administered quinine internally. However, we will prescribe him the following:

R. Iodine,	1 gram.
Iodide of potass.,	5 grams.
Water,	25 grams.

Sig.—Take ten drops in a glass of water every six hours.

I would suggest in addition the application of the galvanic current, which will expedite things very materially. I have a

case under treatment almost identical with this. The patient has yielded slightly to galvanism after having persisted for nearly a year.

HEMICHOREA.

Here we have an example of probable retention in the blood of excrementitious matter—uric acid—under the combined influence of dampness and cold. The child is 11 years old, and very delicate. There is pain together with hyperæsthesia about the right shoulder-joint, and the integument surrounding the joint. Observe the coincidence of the pain and hyperæsthesia, and remember that, under certain conditions, we have pain without hyperæsthesia. For example, in neuralgia we rarely have hyperæsthesia; we have pain accompanied with hyperæsthesia, but the hyperæsthesia is of a linear character, it is not diffused over the surface.

We can get but little information regarding the condition of the urine in this case. We have no history of any change in its color, nor of contour of the tissues about the joints, such as redness and swelling, which might readily exist to some extent. The occurrence of coördinate spasm involving one-half of the body, and at times the entire muscular apparatus of that half, indicates clearly the nature of the original malady, and usually supplies the evidence wanting in the history of such cases.

There is a sub-acute rheumatic inflammation about the joints—a poisoning of the motor ganglion cells in the brain, with increased irritability and development of co-ordinate spasm.

The conditions of this case being almost identical with those of the case we had before us some four weeks ago, I shall direct the same treatment, namely:

B. Sodium salicylate, 15 grams.
Water, 60 grams.
Sig.—Take a teaspoonful three times a day.

Another feature in connection with this case is that there are frequent attacks of suppurating tonsillitis, and just exactly what relation that bears to the hemichorea cannot be defined very clearly. In cases of blood-poisoning arising from defective elimination of excrementitious matters, I have for a number of years refrained from administering narcotics, for the simple reason that nearly all of them tend to diminish glandular activity, arrest elimination, and retard the depurating process of the blood. I always endeavor to remove the irritating agent from the blood, and, if possible, secure a tranquil condition of the brain. I find this mode of procedure more prompt and satisfactory.

NEURALGIA.

Our next patient is a typical case of neuralgia. She has had no chill; no fever. We have the negative evidence, which is characteristic of it, that is, absence of adequate constitutional disturbance. There is no history of pain, either rheumatic, neuralgic, or otherwise. I might say, it is a pure, uncomplicated case of neuralgia, without a taint of any sort.

I am very glad to exhibit this case, because it presents the characteristics, both positive and negative, in the restriction of the body, its constant recurrence, appearance and disappearance, its lancinating and severe character. We have also the negative evidence of the absence of any corresponding constitutional disturbance. This woman has never been sick, and she only contracts this trouble after a hard day's work. During the day she is exposed to cold and dampness, with additional fatigue at night. With nerve-force reduced, she is in a condition of

instability (the correlative of debility) favorable for the operation of such depressing and irritating influences.

You will perceive, also, that the least appreciable pressure causes pain. She tells us that she cannot touch her head because it is so sore, and, at the same time, it makes it feel easy, which enables us to distinguish the condition of the neuralgic nerve itself from those of the sensory nerves contiguous. The neuralgia is associated with contiguous hyperæsthesia, but they are distinct from each other. The hyperæsthesia is revealed at a slight touch of the side of the head, while the neuralgia is controlled by firm pressure upon the painful nerve. This is very frequently the case. Patient will actually complain of the touch of the bed-clothes, and the slightest pressure upon the tenderly-affected part will give relief.

To afford relief and, if possible, cure the case, I recommend the following: Two parts of chloroform, two of olive oil, twenty-five cubic centimetres of the tincture of acornite, and fifty of kerosene oil, to be rubbed on the head, covered with a cotton bandage. Mark this distinctly, because it might be mistaken for some remedy taken internally, and it would be a dangerous dose for any one. It prevents a too rapid evaporation of the chloroform, and at the same time protects the painful parts; it prevents the irritable nerves from atmospheric changes, and a recurrence of the attack. Also make a solution of strychnia $\frac{1}{8}$ grain to three ounces of water, and add to it a little acetic acid, the acetic acid being used to complete the solution of strychnia. Sig.—Take two table-spoonfuls three times a day.

COMMUNICATIONS.

SOME OBSTETRICAL HERESIES.*

BY DAN'L MILLIKIN, M. D.,

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If I hold to any heretical obstetric

*Read before the Cincinnati Medical Society, December 15, 1885.

opinions, it is with regard to the constricted parts and the means of dilatation.

Now, first, as to the upper constriction at the os uteri. How shall it be safely and quickly dilated? The force of traditional doctrine is such as to breed in us a great reverence for the membranes which enclose the child and the fluid about it. We are taught that the hydraulic pressure exerted by the enclosed amniotic fluid is equal in all directions, and it is therefore the best possible dilator for the uterine mouth. A physician might be inclined to inquire why the pressure is needed in all directions, since, to accomplish dilatation, there is only needed pressure in that plane in which the os uteri lies.

One with a theoretical knowledge of labor, knowing the position of the uterus at full term, would be inclined to say that the amniotic membranes, when they begin to pout forth from the os uteri, will expend their force chiefly on the mother's sacrum, and that the direct thrust of the membranes does not tend to open the os at all. Only indirectly—only after the bag of waters is actually engaged in the mouth of the uterus—does the lateral pressure exert any dilating influence.

But even when the bag of waters, seeking the direction of least resistance, has crept through the os and into the vagina, its dilating power does not seem to be great. I fully believe that most practitioners, like myself, lose all patience at this stage of the game, rupture the membranes, and terminate the labor without the help of the bag of waters; but I recall one case, though I have seen others similar, in which I found the bag pressing on the perineum, and, on examination, I found only a small os. When the waters were evacuated, this thick and firm os was exposed to the tension of my fingers and the direct pressure of the child's head, and quickly softened and stretched to the last degree. I learned from this case how perfectly inefficient this bag of waters was to accomplish any efficient stretching of the os. I learned that it was at least possible for a great amount of amniotic water, enclosed within a great amount of membranes,

to be forced through a very small and distensible os, and yet cause no great amount of dilatation, when subsequent manipulation proved it to be not very hard to dilate.

The truth is, that the membranes lack the strength to make them efficient dilators. If they are nature's own dilators, then nature must be prejudiced in favor of a very rotten piece of apparatus. No mechanician—no obstetrician—would for a moment accept a set of dilators made of such flimsy stuff.

Then comes the question as to whether, the membranes being intact, it may not be better that the child should receive the unavoidable pressure of the uterus equally transmitted by hydraulic pressure on every part of its surface. It is claimed that a child may be injuriously compressed by the uterus, but who ever saw a case reported?

Aside from these questions of blood-pressure, we are told by all the traditions that it is not proper to rupture the membranes early, because the child's presenting part is liable to be thrust against the maternal bones, and so be bruised. Now, can any teacher tell us how the child's presenting part can be expelled without being rudely thrust against the mother's pelvic bones? In the first place, in many cases, the presenting part is actually forced into the superior strait, and not very gently. Then, at the inferior strait, the child's head is absolutely racked out of shape, or, as the books euphemistically say, it is "moulded," and it is oftentimes still further distorted. And, last of all, in passing through a tough, resisting perineum, it often meets with the severest constriction, as from a firm elastic band slipped down from the occiput to the chin. All of this being inevitable in a first labor of a plump woman with a moderately large pelvis, and much of it being inevitable in all labors, what folly for us to be timid or squeamish about the lesser degree of compression against the bones at the brim of the pelvis in the earliest stage of labor! Granting that, by a careful saving of the membranes, we can, without otherwise impeding labor, save the child from this lesser degree of compression at the brim, what's the use of it?

The more I turn this matter over, the

more I become convinced that the membranes have no relation to normal labor whatever. Their function has been performed when labor has begun. They maintained the water-bath during the feeble, earlier existence of the child, but when labor is at hand, the hour has come when the child must surrender its water-bath. It is thenceforth to come against harder structures, not alone during the processes of parturition, but for threescore and ten years.

It follows that, if the attendant is certain that labor has actually begun, and that the presentation of the child is a natural one, so that no turning operation will be needed, he had better evacuate the waters at once. In coming to a conclusion as to whether labor has actually begun, I would, of course regard the state of the cervix and os. There should be no cervix appreciable, for, so long as it remains, there must be some small element of doubt as to whether labor has actually begun, notwithstanding all that we may be able to learn of the duration of pregnancy by other means. As to the os, I would not ordinarily rupture the membranes unless its margins were somewhat soft and distensible; not because I believed that the bag of waters was needed to dilate its margins, but because I would doubt whether labor had actually begun until there was a certain degree of physiological softening.

With these provisos—labor actually begun, no turning operation needed, the cervix inappreciable, the margins of the os becoming soft—the sooner the membranes are ruptured the better.

And why? I might answer this question by the formula which Fortenelle declared had produced more wisdom than any other, *Why not?* The membranes are foetal structures; the foetus is about to become a child; a child needs no membranes.

By evacuating the uterus we shorten its fibres, and thus stimulate powerful contractions.

I offer no sort of excuses for advocating an expedient which will abbreviate labor. Other things being equal, a short labor is a good labor. It is better for a woman to have one hundred sharp pains than two

hundred; it is better for her to have fifty than one hundred; and the most beautiful labors I have witnessed in four hundred have been those with only fifteen or twenty hard pains.

It cannot be conceived that women of refinement and luxury have the endurance of women who lived the lives of peasants or of pioneers. Nor do I think that the women of this country, which is fast becoming an old country, have the patience that belonged to their mothers or grandmothers. They are absolutely fretted to death by a long labor in many cases, and the accoucheur should give them a short labor if he can.

Then it is not to be believed that the present generation of women can endure pain as did the women of the past. For all child-bearing women of the present time have been born since the skillful use of opiates, of chloroform, of chloral, of ether, and of the hypodermic syringe, have been common; and now comes the hydrochlorate of cocaine to be freely applied in domestic practice to all little cuts and hurts, so that the ministry of pain, educating men and women to endure pain, is almost at an end. This ability of endurance is likely to be still further lowered in the next generation.

After a careful review of my obstetric cases, I can deliberately say that the parturient canal is as well lubricated when there are no waters as when there are waters oozing during the whole period of expulsion. The vagina is fully lubricated during the ordinary sexual orgasm, and on short notice; the same vaginal and uterine glands seldom fail us in labor.

Returning to the proper mode of dilatation of the os uteri, let me appeal to the practice of all obstetricians when they wish to accomplish the dilatation from below, in case of induced labor at or before term. They do not in any case use anything to be compared with the bag of waters. They use the dilators that act like glove-stretchers. Then they use the finger. Possibly, at some stage of the game, they use tents. After the finger they use two fingers. Then they use more fingers, until they have all the dilatation that they need. The rubber dilators

are in no wise comparable to the bag of waters.

The application of the narrow forceps to the head of the child is one of the very best expedients of modern obstetrics.

And now, sir, suffer me a few words as regarding the dilatation of the lower end of the parturient canal. The traditions of the fathers tell us nothing of the value of the membranes in dilating this portion of the canal. The reason is perfectly obvious. So frail are the membranes, that it is not the lot of many practitioners of medicine to have ever seen them projected so far. If of use at the upper end of the canal, they ought to be of use also at the lower; and nature is guilty of a serious blunder in not having them made strong enough to endure until they could dilate the tough sphincter structure of the vaginal opening.

The traditions say nothing about the perineal structures until the head has reached them. Then, when the head of the child has borne heavily upon these structures, a most astonishing performance is resorted to and recommended to you and me. This manœuver is called the support of the perineum.

Let us clearly bear in mind one of the first principles of obstetrics. We cannot pass a head measuring thirteen inches through a hole measuring one whit less than thirteen inches. The perineum must stretch to the full size of the head, whatever it be, unless we deliver it through the rectum. Nothing can save it from such stretching, though I do firmly believe that there are many men who, by faithfully pressing upon the poor woman's bottom for a season, imagine that they have saved the perineum from a certain amount of dilatation that would have been inevitable otherwise.

We may lay a napkin over the hand and support the perineum in the most approved manner; but by that act, through a circuitous route, we are really goading the uterus on to expel the child, and in spite of our protestations and commands, the woman will co-operate. The man who thinks he can retard the expulsion of a child by pressing against its head through the perineum is, I

am fully convinced, deceived. He is like one pressing the button to stop the ringing of an electric bell; he is tugging at the throttle of an engine to check its speed; he tries to flog a runaway horse into good behavior.

Not so with the obstetrician who thinks that by pressure he can do something to alter the physiological state of the perineal structures, and fit them for the enormous dilatation to which they must presently submit, as the head passes into the world. But when we find him at his work, we may fitly ask him why he does violence to the perineum from the outside. Seeing that it must presently stretch, why not begin to stretch from the inside? It has been my practice for about two hundred labors to drag down on the perineum with two fingers, and sometimes with three, just before the descending head has begun to impinge upon it, and I have friends and neighbors who have resorted to the same procedure during the management of at least two hundred labors more. We are well assured that, if the labor does not approach the precipitate character—that is, if there are ten to twenty pains during which we may make traction in advance of the head—there is, without any additional suffering to the woman, a very decided alteration in the perineal structure, and in many cases we find it fully prepared for the passage of the head before the head is perfectly free from the pelvis. This may and must be done with reasonable force and synchronously with the expulsive efforts of the woman, so that no addition is made to her sufferings. Indeed, when I have cautiously resorted to this tension, I have often seen my patient brighten up and say, "Now I feel like I was working for something!"

But you may ask, "What's to be done when the head is absolutely distending the perineum?" I can only say that if at the supreme moment you have any little bit or scrap of a prayer about you, you may say it, but you can't help the poor woman by tinkering with her. The perineum must stretch until the vulvar circumference is precisely as great as the circumference of the child's

head. The time for stretching has come, and you can't avert it.

Unless pressure on the outside of the perineum can in some mysterious way save the perineum from stretching, it is, in my humble opinion, a superfluous annoyance to a poor creature who ought not to be annoyed.

Let us hear the conclusion of the whole matter: *The fingers and the presenting part of the child form the only efficient dilators of the constricted parts of the parturient canal.*

UNILATERAL HALLUCINATIONS.*

BY WILLIAM A. HAMMOND, M. D.,
Of New York.

The fact that hallucinations of sight and of hearing might be unilateral, that is, discerned by one visual or auditory centre only, had long been known, though it had not, even at this day, attracted the degree of attention which Dr. Hammond thought it deserved. Several authors had considered the matter from a more or less philosophical standpoint, and had brought forward interesting cases in support of their views. The first reference to the fact that hallucinations might be one-sided which had come under his notice was made by Calmet, it being a case of hallucination coming from the left ear. Baillarger cited two cases of hallucinations of hearing occurring in but one ear; other writers who had contributed to the subject, and cited by Dr. Hammond, were, Michia, Schroeder Von der Kolk, Alexander Robertson, E. Regis, Dumont Pallier; erroneous impressions, of different character, occurring on either side, had received attention at the Medical Congress at Rouen in 1883.

Dr. Hammond then gave the histories of several cases of unilateral hallucinations which had come under his own observation. The first was that of a gentleman in good general health, who contracted the illusion that the ticking of a clock on the mantelpiece consisted of articulate words, which, after a time seemed to sound like human speech, and appeared to give commands, such as not to eat of soup, not to drink wine,

etc. It was learned that these illusions came only through the left ear, and never through the right; but hearing in other respects was not the least impaired in either ear. The patient did not allow himself to be deceived into the idea of accepting these commands as realities; yet he was influenced by them in his actions. This case and the one next mentioned were referred to in Dr. Hammond's work on insanity.

Case 2. A young lady, of good mental development, but of delicate physical organization, was for several months almost constantly troubled with apparitions of various kinds of faces. A few weeks before they first appeared she had looked at engravings of Greek and Roman masks, which had made a strong impression upon her. If she closed either eye, about half of the faces would disappear, and if she closed both eyes all would disappear, but would return again in a little while, although less distinctly. By imitating the experiment of Sir David Brewster, pressing on the outside of the globe of either eye so as to produce temporary strabismus, the patient could make any face appear double which had been visible for several minutes. There was no impairment of vision of any other kind, and no abnormal ophthalmoscopic appearances. The peculiar features of this case were, that the hallucinating images were divided between the two eyes, part being seen in the one and part in the other, showing therefore the distinctness and divisibility of the action of the two visual centres, and the fact that the stimulus of a strong light was necessary in order that they should be developed.

Case 3. A young man received a blow just above the left ear. A few weeks subsequently, while engaged as a salesman, he saw a large black cat sitting on the floor immediately before him. He had no doubt of the reality of the occurrence, until he walked toward the animal, when it receded as far as it was when he first saw it. After this the cat seemed to follow him wherever he went, but his sense of touch was never deceived. The image was largest and most distinct in the evening, and during the paroxysms of pain at the seat of the injury

* Abstract of a paper read before the New York Neurological Society.

on the head, which returned several times a day. He discovered on shutting his eyes alternately, that the vision occurred only on the side corresponding to the injury. There were no abnormal ophthalmoscopic appearances nor impairment of vision in other respects than mentioned. That there was serious brain lesion, involving probably the left optic thalamus, Dr. Hammond said he had no doubt. He had also been of opinion that there had been fracture of the inner table of the skull at the point at which the blow had been received, and he proposed trephining, which was not consented to.

Case 4. A lady, about fifty years of age, became subject to most malignant persecutions through anonymous letters, the sender of which she did not know. Thinking of who the person could be that sent the anonymous letters, she happened to look out of the bay-window and saw a man and woman standing in the opening. For a moment she did not doubt the reality of the appearance, but when she arose, they gradually faded from view. Afterward they reappeared several times in the month, and finally ceased to appear altogether. The interesting feature of the case was that the man was always seen with the right eye and the woman with the left; if she closed the right eye she saw only the woman, but if she closed the left eye she would see only the man. The vision could be brought on by lying down with the head low. Dr. Hammond thought nothing could be more confirmatory of the idea of the independent action of the two visual centres than such hallucinations; indeed, he thought they were strong evidence of the duality of the brain. None of the cases which Dr. Hammond had cited went to support the view that unilateral hallucinations were due to disease or derangement of the organ of special sense involved. Indeed, it was difficult to conceive what connection could exist between disease of the eyes or ears and a hallucination existing in the corresponding side, for if such disease caused a unilateral hallucination, we should expect bilateral hallucinations to be the result of disease of both eyes and ears. Dr. Hammond thought hallucinations were produced

by disease or disorder of the central organ of perception, probably of the optic thalamus, and that such erroneous sensorial impressions, when limited to one side, were evidence that the visual, auditory, or other sensorial centre of the corresponding side was the starting point.

VAGINAL AND VULVAR ENTEROCELE.*

BY T. GAILLARD THOMAS, M. D.,
Of New York.

For practical purposes herniæ into the vagina and vulva could be divided into the following five varieties: 1, Cystocele; 2, Rectocele; 3, Vaginal Enterocele; 4, Pudental Enterocele; 5, Perinaal Enterocele. There were other exceptional forms. Hernia of the bladder and of the anterior wall of the rectum were merely mentioned. The author confined his remarks chiefly to descent of the intestine through the pelvic roof, with protrusion into the labium major, vagina or perineum. While the condition was very generally ignored in systematic works on gynecology, it was one of great importance, because, being rare, it was liable not to be correctly diagnosticated and to lead to serious results from mistreatment. A few authors, however, had contributed valuable information regarding the subject. Vaginal enterocele had been graphically described by John Hunter as early as 1804. One of the possible dangers in vaginal enterocele was illustrated in a case which Dr. Thomas saw in consultation with two other physicians, one of whom, in order to convince himself of the exact condition present, insisted upon inserting his whole hand into the vaginal canal. In doing this he ruptured the vaginal wall of the hernia, and the gut escaped. Dr. Thomas sewed up the rent, and the patient came near losing her life from an attack of acute peritonitis, and the physician was sued for malpractice. There had been another case in which a similar accident arose from the use of tents. The rent was closed with silver wire, and the patient recovered.

* Abstract of paper read before the New York Academy of Medicine.

Dr. Thomas related a remarkable case of extreme vaginal hernia, which illustrated some new and interesting features. The patient was thirty-nine years of age. About six years ago she noticed a tumor in the right vulva, and she began to suffer from frequent micturition, pains in the back, nervousness, etc. During the past six years the tumor had steadily increased in size until it had come down to the middle of the thigh on the right side. The patient was greatly emaciated, suffered severely from the symptoms enumerated, and was willing to undergo any treatment for relief. If she reduced the tumor, the interference with the functions of the bladder and rectum was such that she would have to voluntarily force it down again. Dr. Thomas found a pinkish-colored tumor, extending to the middle of the thigh, with all the appearances of a huge cystocele, but which it seemed evident, on further examination, was an enterocele. It was utterly impossible to retain it in the pelvic cavity, because of its large size and because of its interference with the functions of the bladder and rectum. As relief was urgently demanded, he proposed the following operation: To do laparotomy, have an assistant keep the hernial sac well up with his hand in the vagina; empty the sac of its contents, seize it at its most dependent part, drag it up into the abdominal wound, fasten it there by suture, sustaining the heavy sac by means of two knitting-needles passed through and lying flat on the abdominal integument. Drs. Bozeman and Emmet saw the patient, confirmed the diagnosis, and endorsed the proposed operation. As the operation was proceeded with, Dr. Thomas was surprised to find apparently a soft fibrous tumor pushed up from below on a level with the symphysis pubis, very movable, covered by peritoneum, disconnected with the uterus and bladder. Being entirely at a loss as to its nature, he decided to remove it. The peritoneal covering was split, the tumor removed, the sac drained by a glass tube; the sac was fastened into the abdominal wound as had been proposed. The operation was done more than five years ago, and the patient had made a good re-

covery; there had been no return of the hernia.

His explanation was that this very movable tumor had originally pushed the vagina before it by entering the pelvic cavity behind the broad ligament on the right side, and, the intestines pressing down upon it, the tumor and the gut made up the contents of the sac.

The question then arose, what was the nature of the tumor? The microscopical examination was made by Dr. H. C. Coe, who reported as follows: The measurements are, 22 by 15 centimetres; average thickness, $1\frac{1}{2}$ to 2 centimetres. The growth is covered in some places by peritoneum, in places being torn, marking adhesions. The interior is bloodless. On section there are no signs of a cyst, nothing but softened, oedematous fibrous tissue, easily separated by the fingers, so as to form pseudo-cavities; there are no true cavities. Varying color at different points. Microscopically, the growth consists of ordinary fibro-muscular tissue, similar to that found in uterine fibro-myoma. Dr. Coe drew the following inferences: 1. This is not an organ, that is, the bladder. 2. It is not an ovarian cyst. 3. It is not composed, at least to any great extent, of inflammatory tissue. What is it? I submit two theories, both of which are merely theories, namely: 1. The growth is a local hypertrophy of pelvic connective tissue. 2. It is a sub-peritoneal uterine fibroid which has become thoroughly oedematous. Dr. Coe gave his reasons for inclining toward the former view. Dr. Thomas was also disposed to accept the view that the tumor belonged to one of the rare and curious classes of pelvic growths which have been described by some European writers.

Regarding the treatment of the class of herniæ under consideration, only one form, namely, inguinal pudendocele, offered relief from mechanical appliances. Should strangulation occur in any of the forms, the indications would be the same as in ordinary inguinal hernia, namely, to cut the constricting band by means of a probe-pointed bistoury. Dr. Thomas said that if another case of large vaginal hernia should present

itself, he should feel inclined to adopt the procedure proposed and partially carried out in the case related, namely, to perform laparotomy, drag up the sac, and fasten it into the abdominal wound.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WILLIAM GOODELL.

Ruptured Perineum.

I want to show you, gentlemen, a case that I operated upon three weeks ago; one week ago I removed the stitches, and I have union everywhere, with a thick, strong perineum, save one little point, which I will touch with the solid caustic to hasten union. All operations on the perineum are very successful, save where the sphincter is torn, and then there is a certain percentage of failures, though even under these circumstances it is very successful. This womb, that formerly measured five inches, is now a trifle over two and a half.

Fibroid of the Uterus.

This woman, 27 years old, is married, and has had two children, the last labor being instrumental, and she has never been well since. She complains of vertical and sacral pain, leucorrhœa and difficult menses. We would suppose either that there had been a laceration and sub-involution, or the latter alone, with probably an intra-uterine growth. The uterus, being a constructive organ, is very vascular, and emotions acting through the ovaries will invite still more blood to it; thus, when you remove the ovaries you cure fibroids. This nutritive energy has, no doubt, in this case, caused soft warts to form within the uterus—sort of fungus vegetations. This is a disease of old maids and of women who have ceased to bear children. This womb measures four inches, and there has been a tear of the neck. This is very large unless there is a fibroid; it is very unusual to find a womb so large unless there is a polypus inside or a fibroid in the wall. She is fat, and this makes it difficult to feel a fibroid by external manipulation. I will scrape or curette these vegetations. There are two curettes, one sharp and one dull; I prefer the sharp instrument, as being more radical, but it is also more dangerous, and you must handle it very gently. I do not find as many vegetations as I had ex-

pected, and I am strongly inclined to think there is a fibroid here. In such cases the hemorrhage is sometimes maintained by the vegetations, and when we scrape them away it ceases; but remember that a uterus with a fibroid is a very vulnerable organ, and must be handled gingerly. After the vegetations are removed I apply iodine to make the parts aseptic, and to destroy those which have been bruised but not removed. If the cervical canal is not large enough to admit the curette, I dilate it. I will give this woman ten minims of the fluid extract of ergot before each meal, and ten grains of chloride of ammonium thrice daily. The combination is a good one for bleeding wombs from any cause, save when there is cancer.

SERVICE OF DR. WILLIAM PEPPER.

Perihepatitis and Thrombosis of the Portal Vein, with Ascites.

This man is a laborer, 36 years old, and exceedingly intemperate. He always takes at least three large drinks of raw spirits, usually on an empty stomach, daily, and frequently goes on protracted sprees. Such has been his habit for twenty years. We gather an uncertain history concerning syphilis; he has had gonorrhœa and some venereal sores, but they were apparently non-infecting, at least, he has never had secondary manifestations. His family history is bad; his father, like himself, was a drunkard, and died of delirium tremens, and one brother has died of phthisis. His own constitution must have been very strong, for in spite of his self abuse, he has been in the main strong and healthy. Two years ago he had pneumonia, and at eighteen years of age had pleurisy. In the beginning of December he started on one of his protracted sprees, and soon began to feel chilly and dull, but had no distinct chill. The next day he noticed that it required less whisky than usual to affect him. On the fourth of December he became very drunk, and while so, fell, striking his belly. He was momentarily unconscious, and began at once to experience most excruciating lancinating pains in his belly, which were aggravated by movements, but not by the movements of respiration; there was no cough; his abdomen was sore all over, and for three days he passed no urine; the catheter, however, brought away a small quantity of dark brown urine that contained no blood. His stomach was irritable, and the abdominal pain was very severe for three or four days, passing off and leaving a feeling of soreness. A week later his abdomen was still sensitive

and he had much hiccough. The belly now began to swell, and there was pain and oppression in the chest. His urine was more free. He entered the hospital on the 14th, when he seemed to be fairly well nourished, his face a little drawn and haggard as we see in peritoneal troubles, the breathing hurried, tongue coated, costive, belly enormously distended, and marked fluctuation. The veins in the sides of the abdomen were distended, and along the margins of the ribs the capillaries were dilated. As he turned in bed, the fluid gravitated, changing the level of dullness, and there was a little liquid in the left pleural sac. The pulse was dicrotic and moderately full, but there was a peculiar murmur (possibly a blood murmur) over the point of the heart. The urine was scanty and contained albumen; there was no jaundice nor general œdema. Here was wonderfully rapid ascites, brought on by an injury, in an intemperate man. There could be no doubt of the presence of ascites, because of the uniform distribution of the enlargement, the marked fluctuation, and the change, with change of position, of the level of dullness. The next question was as to the cause. There might be two causes. It might have come from the liver, for any cause of portal obstruction (most usually cirrhosis) would produce it. In this case, we had a right to suspect cirrhosis, from the man's habit, for the consumption of raw spirits on an empty stomach is the most prolific cause; but it came on so abruptly, which is not the rule with cirrhotic ascites—it appeared, you see, between the receipt of the injury on the fourth, and the eleventh. It was necessary to tap him, and we drew off more than eight pints.

Again, apart from the dropsy, the only evidence of cirrhosis was the zone of distended capillaries about the base of the chest, which demonstrated some obstruction to the abdominal circulation; but there were no hemorrhoids, nor marked gastric disorder, as is common in cirrhosis. The liver is sometimes enlarged throughout the whole course of cirrhosis, but usually it is contracted in the more advanced stages. Since he was tapped, we can make out the liver, which is about normal in size; this does not, however, disprove cirrhosis, though it does make me unwilling to accept it as the sole cause of the ascites. If there exists a certain degree of cirrhosis, a little more acute obstruction would cause ascites. Simple thrombosis or inflammation of the portal vein, leading to secondary thrombosis, would cause it; but such cases are very rare. The

symptoms are acute pain, tenderness over the fissure of the liver, moderate febrile disturbance, and in inflammatory thrombosis a septic process, maybe pyemia, distended belly, and ascites. Such an obstruction may be complete and permanent, causing recurring ascites, the portal vein becoming obliterated, forming a fibrous cord, or it may not be absolute, or it may be subsequently absorbed, when the dropsy will subside, or, at least, will not recur so rapidly. The causes of thrombosis are often traumatic, as a blow, a heavy fall, pressure from certain occupations, where the abdomen is pressed against the side of a table; this case suggests that an injury to the portal vein has been the cause. You must remember that peritonitis, in all its forms, is accompanied by effusion; but in this case we cannot entertain the idea of a general peritonitis; his condition has been too good. But in some cases you will find it necessary to resort to the crucial test, and to make a chemical and microscopical examination of the ascitic fluid. We did that here, and found a brown liquid, containing a small amount of albumen, with a trace of sugar, urea, chlorides, and some indican; no shreds of lymph, some red blood globules, and some pus corpuscles. In ascitic fluid from peritonitis there is usually a great deal of albumen, urea, and chlorides; the fluid is clear, transparent, and you will usually find a few cells from the peritoneal surface, and possibly a few leucocytes. Indican has no clinical significance, so far as we know as yet, though I am making some observations with reference to it that will determine whether it has any value or not. If there were general peritonitis, the fluid would be thicker, and there would be shreds of lymph. It might be the same color, but it would contain more leucocytes. So that from all points—the pulse was never over 100—we conclude that there was not general peritonitis.

Again, if there were, there would be some adhesions which would interfere with the complete change of the level of dullness on movement, which was complete in this case. I have seen cases where an injury to the abdomen has been soon followed by enlargement, with a firm and unilateral swelling and subsequent ascites, which has recurred and resulted in a general thickened condition over one side. Here there has been an effusion of blood, exudation of serum from it, absorption, with the permanent deposition of layers of thickened fibrin. In this case I think there has been some change in the liver from his habits of excess, some cirrho-

sis, but not enough to cause the ascites which was superinduced by the fall, which caused a local peritonitis near the portal vein, with inflammation of its coats and obstruction. The test for indican is to mix the liquid with an equal amount of hydrochloric acid, and add a little chloroform, when we get a bluish-purple color. On December 15 he was given sulphate of soda, which moved the bowels, but the ascites increased. He was then given $\frac{1}{2}$ gr. elaterium, and $\frac{1}{4}$ gr. extract belladonna, with some oil of cajuput to prevent griping. The elaterium was repeated, and he had copious watery stools, but the oppression so increased that he was tapped, as stated. Now, thirty-six hours after the operation, the belly is apparently filling again. The prognosis is a doubtful one. If he was perfectly healthy I would have great hopes; but I am satisfied from his history, and from the condition of the capillaries, that the liver is at least engorged, and very likely in the stage of incipient cirrhosis. But if the channel of the portal vein is not entirely occluded, he will make a slow recovery. The treatment must consist in long-continued counter-irritation, a blister three inches square over the fissure of the liver, opium for pain, and the mild chloride of mercury. Cinchona sulph., by enema, eight grains twice daily, and $\frac{1}{2}$ grain powdered opium, and $\frac{1}{4}$ grain of the mild chloride thrice daily, to be continued for some time. I am an earnest advocate of early paracentesis. I very much prefer small and frequent tapplings, to waiting until life has been rendered miserable by enormous distension. This man's diet will be skimmed milk and broths. I will not rely on purgatives to get rid of the fluid, but I will not hesitate to tap as often as may be necessary. Dr. Packard has recently invented a most convenient glass tube, which can be left in, with a fine tube attached; it will not rust; it is pure and antiseptic.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SERVICE OF DR. PARVIN.

Lacerated Perineum and Hypertrophy of the Neck of the Uterus.

I show you a case upon which I operated four or five weeks ago. I amputated the hypertrophied neck of the uterus and sewed up the perineum. The perineum healed up all but a small space, which I foolishly tried to pare from the inside and stitch together; that procedure, I am glad to say, was a fail-

ure, for I never should have tried it. I now cut out a small ring of tissue surrounding this orifice, and bring the edges together. For half an hour before this woman was brought into the room, I applied a five per cent. solution of cocaine. Either it has had a marked anæsthetic effect, or the woman is very heroic, for you observe that she does not flinch. We will order hot water injections, and give ergot with nuxvomica to procure contraction of this womb, which is still quite large, though the amputation has reduced it from five to three inches.

Epithelioma of the Uterus.

This woman has had several lacerations, but the case illustrates the fact that lacerations are not the cause of epithelioma, as some contend; the disease has occurred independently of them. As a guide to prognosis in these operations, I would state that in twenty-four out of every one hundred operations there is no return up to within one year after the operation. I will here use the galvano-cautery knife in preference to the wire, because with the latter I could only make a transverse incision, while here the disease extends well up on the anterior lip, and a transverse incision would not remove it. If you hurry with the galvano-cautery, you are sure to have hemorrhage. The stream of electricity must be intermitted every couple of minutes, when you will syringe out the vagina with cold water, as a protection.

MEDICAL SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE.

Stated meeting held December 1, 1885.

The president, Dr. J. J. Chisolm, in the chair.

After the regular order of business, the following cases were related:

Evisceration of Eye-ball by the New Method.

Dr. J. J. Chisolm related a case of evisceration of the eye-ball after the plan recently recommended. The operation consists in completely excising the cornea by means of a circular incision around its margin. The contents of the ball are then to be entirely removed, leaving the sclerotic intact. The advantage claimed for the operation is that the socket tissues are not disturbed, neither is the muscular apparatus of the eye interfered with; besides, the stump

left after cicatrization leaves an admirable seat upon which to locate the artificial eye. The operation itself is a very simple one, and can be performed much more expeditiously than can complete enucleation, but convalescence is so very tedious, and at times gives rise to such painful and alarming symptoms, as occurred in his case, that in future he will confine himself to the old plan of complete enucleation.

Dr. Chisolm said that it was his usual custom to allow a patient to go about his affairs very soon after the operation, at the outside, twenty-four hours; but in the evisceration operation, even up to the fourth day and later, there was such œdema and pain that he could not think of allowing the patient to be from under his observation. He had never had such an experience with the old method.

Dr. S. C. Chew wished to know if sufficient anaesthesia could be produced by the use of cocaine to enable one to perform this operation without painful sensations on the part of the patient.

Dr. Chisolm thought not.

Paralysis the Result of a Fall.

Dr. A. B. Arnold related a case which occurred at Bay View Asylum a year ago. It occurred in a woman five months pregnant. She fell from the second-story window, striking upon the head; when picked up she was senseless, and remained so for three days. Among the consequences of the fall abortion was brought on. At present she has paralysis of both lower extremities, complete anaesthesia on right side, is deaf and also blind on this side.

She evidently had some spinal trouble, as she complains of that sensation so common to these troubles, "as if a belt were being drawn about the waist;" also has some enfeeblement of the sphincters of bladder and rectum. In addition, there is a peculiar nervous jerking about the head, which has continued for one year.

Dr. Arnold thinks the lesion is located about the inferior third of the internal capsule, extending up and involving the optic and auditory nerves at the point of crossing, and also does he take the nerves of sensation which come off at this point to be affected. He thinks the symptoms justify this conclusion. The pupils responded normally to light. She had never had any trouble previous to the fall.

Dr. Chisolm asked if any ophthalmoscopic examination had been made. He said he was prompted to ask this question by a case

which recently came under his observation. It occurred in a man who had received a severe beating, and among the results loss of vision began after about six weeks.

He examined him, and found anaesthesia of the fifth nerve, the hearing involved, and several small retinal hemorrhages around the point of entrance of optic nerve.

Dr. S. C. Chew related an interesting

Case of Empyema.

He had been called in consultation to see a case which occurred in a patient who for several days past had suffered from severe dyspnoea. The night before he saw the patient he had had copious expectoration of matter, the nature of which he could not describe as it was not saved. This was followed by immediate relief from the difficulty of respiration.

Upon physical examination of the chest, the left pleura was found to be about two-thirds filled with fluid. Shortly after his visit the patient suddenly died, with profuse vomiting of purulent matter, as well as the passage of quantities of it from the bowels. From such symptoms, he thinks it highly probable that perforation took place through the diaphragm into the stomach, and that the fluid was discharged in both directions, through the œsophagus and through the intestines. He had searched the literature on the subject, and had found no case terminating in this manner recorded. Physical examination of chest made before the first expectoration of matter showed the pleural cavity to be entirely filled with fluid. More recently he had seen a patient at the Baltimore Infirmary, whose physiognomy was indicative of pulmonary trouble. Percussion over right side of chest gave decided resonance both anteriorly and posteriorly. On auscultation on same side there was pronounced *Hippocratic Succussion*. Shaking the patient while the ear was still on the chest gave a sound very similar to that heard when one shakes a jug partly filled with water. No discomfort at all was noticed, neither pain nor dyspnoea. He thought the absence of dyspnoea could be explained on the ground that the air probably distended the pleura (and this compressed the lung) so gradually that this lung as well as the healthy one had sufficient time to accustom themselves to their abnormal relations. Whether perforation was due to ulceration outward through the pleura, from the wall of the cavity in the lung, or whether it was due to a loss of substance occasioned by a point of inflammation upon the visceral

pleura, and thus perforation taking place in the reverse direction, he could not say, although symptoms sufficiently marked were present to point to either mode.

In his opinion, surgical interference should be resorted to as soon as the condition of empyema is made out.

Dr. Arnold has seen a case of empyema in a child. It occurred on the right side, ulcerated through the diaphragm, and discharged its contents into the abdominal cavity. The child died from shock. He considered it somewhat remarkable how rarely phthisical patients showed any signs of discomfort from interference with respiration, even though their lungs might be riddled with cavities.

Dr. Chew looked upon this as due to the slowness of the pathological process, this enabling that portion of the lung which is healthy to increase its physiological activity. He also thought, in view of the fact that cavities so frequently form near the pleura, that it was singular that we so rarely found perforations from them.

Dr. Chisolm said serous sacs resisted perforation.

The Cocaine Habit.

Dr. J. C. Thomas said since he had been told that in some of our principal cities the cocaine habit was largely being acquired, he would like to ask if any member had ever seen a case of it?—and if the report is true, did not the gentlemen think that the medical profession should take some steps to prevent the reckless prescription of this seductive drug?

Dr. Chisolm related two cases in which decided loquacity was produced by the introduction of cocaine into a cavity in a decayed tooth. In speaking of *cocaine tablets*, he referred to a condition amounting almost to a slough, that was produced on the buccal surface of his own cheek from the application of one of these tablets to the gum and allowing it to remain until dissolved. From this, he hardly considered them the thing to use in nasal catarrh.

NEW YORK NEUROLOGICAL SOCIETY.

Discussion on Dr. Hammond's Paper. (See page 6.)

Dr. Leonard Weber related a case which he thought would interest Dr. Hammond, as going to support the view which he seemed to entertain, that unilateral hallucinations were not associated with disease of the special sense concerned, but with an affection

of central origin. The man came under his observation in 1879, at which time he was 37 years of age, strong, healthy, very active in business, but in consequence of domestic trouble and mental strain, he began to lose sleep, was sensitive to strong light, loud noises, etc., and from 1879 to 1881 was subject to hallucinations connected with the left ear. On going to bed he would be unable to sleep for two or three hours, because of whispering noises, growing louder and louder, heard in the left ear, and of two kinds, one soothing and another demanding. A careful examination by himself and by a specialist in diseases of the ear, failed to reveal anything wrong connected with the auditory apparatus. When the patient's circumstances changed, and he was enabled to lead a peaceful life, the hallucinations disappeared, and had not returned.

Dr. E. C. Spitzka had not heard the entire paper, but being familiar with the author's views regarding the function of the optic thalamus, he was somewhat surprised that he had not tried to harmonize his observed facts with the anatomical and physiological facts which had been incontestably established during the past decade. Lewes, upon whom Dr. Hammond probably rested chiefly for support of his views, expressed his ideas regarding the functions of the optic thalamus as many as twenty-five years ago, and what he wrote was mere guesswork. If he had been supported in part by recent accurate methods of research, such as the atrophy and other methods, it was a mere coincidence. Dr. Spitzka said his own views regarding hallucinations were directly opposed to those of Dr. Hammond. He believed that hallucinations had their seat in the cortex, and not in the optic thalamus or any of the lower ganglia. The optic tract and thalamus might have undergone secondary atrophy, following enucleation of both eye-balls, yet the person would be capable of having hallucinations, showing that hallucinations had not their seat in the optic thalamus. The case cited by Dr. Hammond in which, during her hallucinations, the patient saw the figure of a man and woman, showed the exercise of mental qualities which could have their seat nowhere else than in the cerebral cortex. Dr. Hammond had asked whether he did not believe a hallucination to be something which had been previously registered in the memory, and which was projected outward. He would reply that, without quibbling with terms, that was precisely what he meant by a hallucination.

Dr. M. A. Starr related the facts in a case reported by Vetter, in which a patient having a right hemianopsia imagined that she saw people sitting at her right side, which was the blind field of vision. By a process of exclusion it was shown that the lesion could not have existed in the optic thalamus, but must have existed in the occipital lobe. Dr. Starr thought that in all probability the source of the hallucination in this case was cortical irritation. Certainly in a great many cases cortical irritation would produce hallucinations. This was observable in meningitis in which the optic thalamus was not implicated.

Dr. W. M. Leszynsky recalled the case of a woman in an insane asylum, fifty years of age, suffering from mania, who was in the habit of sitting hours at a time with the left ear inclined toward a table, sending, she said, and receiving telegraphic communications. She did not receive the telegraphic communications with the right ear, which she said was only for general use. Hearing seemed to be normal; perhaps that in the left ear was a little more acute than that in the right ear.

Dr. Sachs referred to a case of hemiplegia with tumors in the optic thalamus, reported by Minot, and asked Dr. Spitzka whether he could imagine an excitation of the cerebral cortex, giving rise to an image of hallucination, the revival of such image not being due to an antecedent peripheral irritation.

Dr. L. J. Corning asked why hallucinations which might be produced by impressions coming from the peripheral nerves might not also be produced by an irritation at any point in that peripheral tract, as in the thalamus. We would all admit that the higher forms of conception took place in the cerebral cortex.

Dr. C. L. Dana would like to hear the subject discussed which Dr. Hammond probably wished to bring before the Society, namely, the duality of the brain. So far as the mechanism of hallucinations was concerned, he thought all would agree with Dr. Spitzka, that it was essentially in the cerebral cortex, but the exciting cause might be a peripheral irritation acting upon the psychopathic centres.

As to the duality of the brain, he thought there were many more arguments against the proposition than for it; but the subject was one of great reach, and could hardly be discussed at this hour. The cases of hallucination cited did not, it seemed to him, prove much, because only a small part of the

psychical mechanism was involved. On the other hand, the experiments of Dumont Pare proved little, because hypnotized subjects could be led to do almost anything by slight suggestion. But pathological observations, the results of hemi-atrophies, of tumors on one side of the brain, studies regarding language, etc., all went to show that the two cerebral hemispheres had certain distinct functions, and that there were not two halves of the brain each having about the same function.

Dr. Charles Heitzman said that although he was not a specialist in this department, he had given considerably study to it; and he had received the impression that neurologists were not entirely clear in their ideas concerning the seat of irritation which caused hallucinations. Let the physiological fact be remembered that an impression upon our senses can be brought forward at any time in the shape of a protracted sensation or hallucination. Thus a peculiar sound might be heard which was merely the image of a real sound, and constituted a hallucination. Everything which we have learned is deposited in the brain, especially in the gray substance. In the case of the black cat, could the man have had a hallucination of a black cat if he had never seen a black cat? I doubt it. Wherever the centre for the image of the black cat may be, if any portion of the nerve tract leading from the retina to that centre be disturbed, it will be likely to excite that centre, and the image of the black cat will be revived. The special point of interest connected with the cases related was that they were unilateral. He asked if that might not be explained on the supposition that the irritation being upon one side led to the centre for the given image upon that side only.

Dr. Spitzka said, with regard to the quality of mind, that there could be little difference of opinion regarding the following facts: First, that the two cerebral hemispheres were alike in structure, the variations being no greater than in other symmetrical organs, if allowance be made for a higher type of development; the hemispheres were united by a symmetrical commissure; they had corresponding peripheral tracts; they had about the same distribution of retinal fields. Post-mortem examinations on the insane went to prove that the hemispheres were symmetrical. One hemisphere might be practically destroyed, and yet the individual retain power to exercise the several faculties of the mind, as reasoning, memory, judgment, etc., not, however, that

there would be no paralyses or other symptoms. But it was a different matter entirely when it was suggested that unilateral hallucinations could exist when the corresponding hemisphere was perfectly healthy.

Dr. Hammond, in closing the discussion, said it was not his object in reading the paper to discuss specially the function of the optic thalamus. He might say, however, that he believed a person could have hallucinations without an optic thalamus at all, provided he had a cortex; but he believed, also, that he could have hallucinations without any cortex, provided he had an optic

thalamus. In the former case, the hallucinations would be due to revival of past impressions; in the latter case, they would be original, having nothing to do with former associations. A man without an optic thalamus could have an idea of a cat in the abstract, but he could not have a hallucination of a particular cat unless he had an optic thalamus. He believed that ideation resided in the cortex. With regard to the duality of the mind, many arguments might be brought forward, but time would not permit.

EDITORIAL DEPARTMENT.

PERISCOPE.

Sarcoma after Injury.

In connection with the case of sarcoma which we recently reported from the clinic of Dr. Agnew, the following, which we take from the *Brit. Med. Jour.*, November 28, will be read with interest:

Before the Medical Society of London, a paper on the development of sarcoma shortly after injury, founded on three cases recently observed, was read by Mr. A. Pearce Gould. The first was that of a girl aged 16, who, three months after she had struck her forearm, noticed a swelling of the upper end of the radius, which enlarged rapidly under observation till it involved the upper third of the bone. Puncture of a fluctuating area with an aspirating needle resulted in the withdrawal of some bloody fluid. The patient made a good recovery. The tumor was found to consist in great part of a large blood-cyst. On microscopic examination, its structure was seen to be that of a myeloid sarcoma. The second case occurred in a woman aged 26, who, three months previously, had struck her thigh. Two months later, a swelling was apparent, and steadily increased, so that, when first seen, the whole bone was involved, and the tumor had attained a large size. The tumor was situated on the outer side of the bone, but, on section, was seen to extend into the medullary canal. It contained several blood-cysts, and was in part ossified. The limb was amputated by a modification of Mr. Furneaux Jordan's method. Soon after amputation of the thigh, recurrence of the growth occurred

in the groin. The secondary tumor was excised, but the disease had recurred in the stump. The third patient was a man aged 70, who, on October 29, 1884, struck his arm and elbow. He was admitted into Hackney Infirmary, and treated for contusion. On November 18 he was discharged, but was readmitted in February on account of pain and swelling of the arm. The humerus was greatly enlarged and broken. It was put up in splints; but the swelling rapidly increased, and the limb was amputated. Mr. Gould quoted a considerable number of cases where sarcoma appeared soon after injury, recorded by various writers. It was important, he said, to class separately those cases in which growths followed, not after repeated slight injuries (irritation), but a single injury. He confined his remarks to the first class of cases, and observed, in the first place, that the relation between the injury and the growth was not accidental, though the injury itself was not the all-sufficient cause. To state that the patients were predisposed to the growth of such tumor, did not account for the fact that such patients had previously received many injuries—perhaps in the very same part—without the development of a tumor. The cases occurred most frequently between twenty and forty years of age, an age when injury was most frequent, and in those bones which were most exposed to injury.

Mr. Harrison Cripps referred to three cases already recorded, where sarcomatous growth followed directly on injury; in all the cases there was bruising, and he thought that bruising of the tissues was an invariable antecedent of the development of tumor in

these cases. He thought that pyæmia afforded an analogy to these circumstances; the most striking clinical difference was the greater length of these cases of so-called traumatic malignancy; the most striking pathological difference was that, in pyæmia, the new cells being rapidly formed broke down, whereas, in sarcoma, the newly-formed material did not break down, but was more or less organized. He suggested that in these cases of malignant traumatic sarcoma, an infective organism might play some part in the origin and dissemination of the disease.

Mr. Davies-Colley related the case of a boy, aged 15, who sustained a fracture of the thigh; two months later, a swelling appeared and the union of the bone was found to be imperfect. As the swelling was fluctuating, it was incised; bleeding continued for some time; the limb was amputated, but the patient succumbed. The amount of new growth was very small in the bone and the muscles around, but there were secondary growths in the lungs and kidneys. He praised Mr. Furneaux Jordan's method of amputation.

Mr. Geo. Lawson said that injury was a frequent antecedent of new growths, and he made no doubt that sarcoma, scirrhus, and epithelioma might follow directly on injury.

Mr. Barwell said he believed he was the first to apply the term traumatic malignancy to this class of cases. He had seen six cases in which there was an extreme tendency to keloid growth, in connection with acne punctata, and quoted one in which one of these small keloid tumors enlarged rapidly, and was found on removal to be sarcoma. He adopted the theory of the existence of tumor diathesis, or predisposition to the formation of new growths. He thought Mr. Furneaux Jordan's method of amputation gave good results.

Mr. R. W. Parker considered that Mr. Furneaux Jordan's method of amputation was very advantageous in children. He thought that in the causation of these cases of sarcoma after injury, the existence of a predisposition must be admitted. He had frequently observed the development of sarcoma in connection with blood-clot, and suggested that the growth might have its origin in the leucocytes of the blood-clot.

Mr. Royes Bell dwelt on the difficulty of diagnosis. He quoted several cases where mistakes had been made. Sir Joseph Lister's method of amputating by a long oval incision was a very satisfactory operation, though rather tedious.

Mr. J. Bland Sutton related a case where sarcoma of the tibia occurred ten years after an injury inflicted by a spent cannon-ball, and observed that it was only in cases where there was some special circumstance serving to fix the injury in mind, that the connection could be ascertained. Sarcoma was very frequent in animals, from fish to men; the situation in which the growth occurred in various species varied with the species, but always occupied a position which, in that species, was peculiarly liable to injury. The clot formed after contusion might organize perfectly or imperfectly, or remain ill-formed tissue to the end, or it might act as what Cohnheim called a tumor-germ, and might be the starting-point of a generalization.

Mr. Gould, in reply, said that his method of amputation differed from Mr. Furneaux Jordan's, in that he made a circular incision as for amputation through the upper third of the thigh, and tied the vessels; then he made an incision upwards to the trochanter, and enucleated the head of the bone.

Malignant Nasal Polypus Treated by Furneaux Jordan's Operation; Remarks.

This case is reported in the *Lancet*, November 28, 1885:

D. B—, aged sixteen, came to the outpatient room on August 11, 1885, with a fleshy, highly-vascular growth protruding from the anterior nares, and bulging outwardly the right nostril. He had only noticed it for a fortnight. Mr. Fowler removed what he could with a snare, and controlled the copious hemorrhage that followed by plugging the anterior nares with cotton-wool.

On September 18, Mr. Fowler saw him again. The growth had recurred, and was larger than before. It could not be felt in the pharynx. It had begun to grow a fortnight after removal, and the boy had suffered from repeated attacks of epistaxis. The first growth, examined microscopically, showed the structure of an alveolar sarcoma. The tumor being thus both clinically and structurally of a sarcomatous nature, and probably growing from the roof of the nasal cavity, Mr. Fowler decided to perform the operation recently described by Mr. Furneaux Jordan. His colleague, Mr. Wilders, put one of his beds at his disposal.

On September 24, the patient being under chloroform, a sharp-pointed curved bistoury was carried under the upper lip into the affected nostril, and made to cut its way out. The soft part of the nose was similarly

transfixed, and divided just externally to the median line in a line with the cut in the lip. A few touches with a scalpel allowed the triangular flap thus formed to be turned well outwards, so as to completely expose the bony orifice of the nasal cavity. The hemorrhage being controlled, the projecting portions of the growth were torn away. With the index finger it was then possible to explore the whole of the roof of the naso-pharynx, and scrape away with the nail the attachments of the growth from the roof of the nasal fossa, leaving it perfectly clear. The nose and lip were then carefully and accurately readjusted with fourteen fine silver wire sutures.

The patient was discharged from the hospital six days after the operation. He was seen on October 7. There had been no recurrence of the growth, and the site of the incision was denoted by a very narrow linear scar of a delicate pink color.

Remarks by Mr. Fowler.—Of course, it is yet too soon to speak of a permanent cure. I have brought forward this case, not so much for its clinical aspects as for a testimony to the usefulness of the operation. I decided on this method from faith in the advice of my friend and colleague, Mr. Furneaux Jordan; and I must confess that from the memories of my anatomical skull, I fully expected to have to enlarge my opening by snipping away the nasal bone. I was surprised and gratified, however, to find that I had plenty of room. Being able to thoroughly explore the roof of the naso-pharynx with one's forefinger is no doubt due to the bulging of the cavity that occurs in these growths; and also in this individual case to a deep erosion of the middle turbinated bone. I can thoroughly recommend this operation to my brother surgeons, as being, in Mr. Furneaux Jordan's own words, "efficient, simple, and followed by but little scarring."

Hemorrhagic Amblyopia Cured by Dilatation of the Sphincter Ani.

Dr. Robert N. Hartley thus writes in the *London Med. Times*, November 28:

The following case seems to me to well illustrate two points, first, the serious amount of amblyopia liable to be produced by frequently recurring hemorrhages, extending over a long period of time; and second, the value of the surgical procedure of free dilatation of the sphincter ani under ether. A man holding a responsible position in one of the large leather factories of this town

consulted me in June last on account of a gradual loss of sight. He thought he was "going blind," and that he should be obliged to resign his situation. As a matter of fact, there was very serious visual defect, the distant vision of each eye being only equal to $\frac{1}{2}$ %, while no type smaller than No. 14 Jäger could be read. There was nothing in the appearances of the eyes (ophthalmoscopic or other) to account for so much defect, except a slight pallor of the discs. From his appearance, I suspected that he might be suffering from loss of blood in some way, and a little close questioning elicited the following facts:

For ten years he had suffered from repeated bleeding of the anus. The bowels were never moved without great pain, and seldom without bleeding, sometimes slight, but often profuse, and the last three months he had frequently to leave his work and go home on account of severe bleeding, which saturated his clothes, etc. He was constantly taking either purgatives or astringents. Introduction of the finger into the bowel caused such intense pain that a thorough examination was impossible without an anæsthetic. I told him that I thought the failure of sight was due to the bleeding, and advised that this should be treated. Accordingly, in a few days, he was put under ether, and I found an enormously powerful sphincter ani, the internal fibres being especially marked as rigid rings extending for some distance up the bowel. I freely and thoroughly stretched with the fore and middle fingers of each hand the rigid sphincter until all sense of resistance had ceased, and all the fingers of one hand, in the form of a cone, could be easily pushed into the rectum. The congested and swollen mucous membrane now protruded, and the surface of it was seen to be here and there marked by irregular ulcerated patches, which had no doubt been a chief source of the hemorrhages. Nothing more was done except the swabbing of the parts with carbolized glycerine. After three days' rest in bed, the bowels moved spontaneously for the first time since the operation, with little or no pain, and with no bleeding.

Six weeks afterwards he came into my consulting-room, and said: "I feel a new man; I have never bled *once* since I had the ether; I have never had a dose of medicine, and my bowels act every morning without pain or difficulty."

He still remains (October, 1885,) in the same happy condition, and his acuity of vision is now perfectly normal— $\frac{1}{2}$ % and J. 1.

The Effects of Cold Saline and Fresh Water Baths on Fever.

The *Lancet* (Dec. 5th) says that the treatment of fevers by baths, of which a good deal has been heard during the last few years, is of course by no means novel, being mentioned by Hippocrates, Galen, Celsus, and other classical writers. Currie, in 1787, obtained excellent results by treating "typhus" in this way, and several continental physicians shortly afterwards followed Currie's example. Within the last five-and-twenty years, many careful observations have been made with the assistance of modern instruments of precision, as the clinical thermometer and the sphygmograph, on the effect of cold baths—that is to say, baths considerably below the temperature of the body—in cases of fever, and especially of typhoid, both of an ordinary kind and where the temperature was abnormally high; and papers on the subject have been published by Brand, Ziemssen, Wilson Fox, Bartels, Jurgensen, Hagenbach, Liebermeister, Mosler, Treskoff, Chesnokoff, Nikolski, Krukenberg, Stöhr, Ringer, Bradbury, and others. Senator added to the water of the bath, two pounds of potash and half a pound of soda, but did not, however, find that these materially improved the results. He then applied a sinapism before putting patients in the bath, and obtained better results. Winternitz then tried the effect of rubbing the surface pretty energetically just before the bath, and showed, by means of comparative experiments, that while after a simple bath the temperature of a patient was lowered to 0.2° C., after a bath of similar temperature and duration preceded by friction it was lowered 0.8° C. Last year Dr. Liskus, of St. Petersburg, published the results of observations on thirty "parallel baths at 20° R. (87° F.)" with and without friction, showing that the temperature, both in the rectum and axilla, was more distinctly lowered and for a longer time where friction preceded the bath than where it was not employed. Quite recently Dr. Rabinovich has published the results of some very extensive investigations made in the Nicolaevsky Military Hospital on the comparative effects of salt and fresh water baths on the temperature, pulse, respiration, and muscular power of twenty-six typhoid fever patients to whom he gave 141 baths. He finds that saline baths have more effect in lowering the temperature than fresh water ones, the average difference being rather more than a tenth. It is especially great during the first half-hour after the bath,

but is perceptible for fully three hours. Evening baths, both saline and fresh, produced a greater reduction than those given in the morning. Saline baths produced a more marked effect on both pulse and temperature than fresh water ones. The augmentation of the muscular force as tested by the dynamometer was also greater with the former class of baths.

Theory of Cancerous Inheritance.

In a paper before the West London Medico-Chirurgical Society, Mr. Dunn combated the alleged heredity of cancer. Beyond the consecutive appearance of the disease in certain families, cancer fulfilled, in no sense, the characters of an hereditary malady. It included no physiognomic aspect, diathesis, or general condition, seen in true hereditary diseases, as gout, syphilis, and tubercle. There was no such thing as a cancerous stomach, a cancerous neuralgia, a cancerous ache or pain, without local objective cancer, and no patient was cancerous till he had the local and tangible symptoms of primary cancer. In these points, cancer entirely differs from hereditary diseases.

Mr. Butlin, after expressing the interest with which he had listened to the papers of Dr. Alderson and Mr. Dunn, stated that the memorandum which he (Mr. Butlin) had drawn out for the Collective Investigation Committee, in which, among other things, certain questions were asked in regard to the inheritance of cancer, was not intended to convey the expression of any decided opinion upon the matter. It was merely for the purpose of eliciting facts. Of course, he had his own views upon the subject. Speaking personally, he did not agree with the adoption of the hereditary theory of cancer. Amongst the upper classes, it was looked upon as a great calamity if a case of cancer occurred in the family. He was of opinion that the locality in which the person resided was most important, and that residence had a most powerful influence over the disease; but he also considered that there were other factors of great moment which predisposed to cancer, such as, amongst others, smoking, diet (good or bad), anxiety or worry, that it was from a combination of these rather than from any single cause that predisposition arose. In addition to the above influences, he would also mention that important factor in health, namely, the soil of the locality, and the way in which it was drained and manured.

Mr. Keetley said that, in the investigation

of cancer as to its causation, hereditary or otherwise, great care was required, as it was an exceedingly complex question. In a collective investigation of the predisposing causes of cancer, he considered that an inquiry in each district and in each neighborhood should be considered separately.

Mr. Lloyd was of opinion that locality was an important factor in the causation of the affection under discussion.

Dr. Alderson, in reply, said that he thought that the importance of the heredity of cancer was considerably overrated, inasmuch as, whilst many families were undoubtedly tainted with the disease, it nevertheless occasionally never manifested itself in any way. It was of the utmost importance that the predisposing causes should be fully investigated.

Fatal Case of Pemphigus.

Dr. T. G. Parrott thus writes in the *Brit. Med. Jour.*, November 28, 1885:

Ambrose B., aged thirty-three, a Spanish-American and man of color, was seen at his home on August 15th. He had been under the care of a homeopathic practitioner for three weeks. His condition was as follows: There were numerous sores, covered with scabs, on his face and scalp; each eyelid was occupied by a sore with free discharge; his neck, chest, thighs, legs, and arms were covered with bullæ in various stages; one long narrow bulla on the left forearm looked as if caused by the application of a hot bar to the skin. The majority of the bullæ were rather smaller than a threepenny piece, of dark red color, and contained some discolored serum; they were situated on very slightly inflamed bases; others had burst and formed scabs. The friends said that the bullæ had appeared in successive crops. The eruption began first on the inner and upper part of the thighs. The whole of the back was raw, large bullæ having been formed and burst. The attack was preceded by rigors and vomiting. The pulse was 124, and temperature 99.4° Fahr., and the patient was in a very weak state. The following day he was removed to the hospital, and placed on a warm bed, the sores being dressed with boracic ointment, and a mixture was given containing iodide of potassium, liquor arsenicalis, and bark. On the 17th he said he felt better, though much troubled with flatulence. Temperature, morning, 101.6° Fahr.; evening, 102.4° Fahr. On the 18th he had rather severe diarrhœa, the stools being copious, pultaceous, and light

colored, resembling those of typhoid fever. Temperature, morning, 102° Fahr.; evening, 101.6° Fahr. At midnight, a change for the worse took place; his pulse became irregular, fluttering, and too quick for counting, but after a dose of brandy it was 136. The bowels continued freely open; he gradually sank, and died at 5 a. m. on August 19. No post-mortem examination was allowed. He was said to have suffered from disease of the lungs, but no examination of them could be made in the state in which he was. There was some cough.

Remarks.—This case seemed to be one of acute pemphigus of very severe character, with typhoid symptoms at the last. There had been a case of typhoid fever in the same house at the time he was taken ill, and therefore the blood-poisoning was probably of a typhoid nature. There was no history of syphilis.

Lagophthalmus Due to Dental Irritation.

At the November meeting of the Odontological Society of Great Britain, Mr. S. J. Hutchinson related the following interesting case of reflex nervous disturbance caused by dental irritation. The patient, a lady, was sent to him by Dr. Gowers, in October, 1883, with a request that he would examine her teeth, and see if he could discover any probable cause for a spasm of the left eyelid, from which she had suffered for several months. The eyelid was drawn up by a constant spasmodic contraction of the levator palpebre in such a manner that not only the whole of the iris, but also a considerable amount of the white round it, was always visible. Mr. Hutchinson found the patient's teeth in a bad state. The left second and third molars, both upper and lower, were much decayed, and Mr. Hutchinson extracted all four; but, though the patient no longer suffered from neuralgia, as she had before, the spasm of the eyelid was not in the least diminished. There did not appear to be anything amiss with the other teeth on that side, except that the upper first molar contained a large amalgam stopping; but, as the tooth had never given her any pain, the patient would not consent to its being interfered with. She then returned to her home in the country, and Mr. Hutchinson saw nothing of her for more than a year. When she again presented herself, the eye was in the same condition, and Mr. Hutchinson again failed to find anything in the mouth likely to be a source of irritation except the amalgam stopping in the left up-

per first molar. After some persuasion, the patient allowed Mr. Hutchinson to remove this, and he then found a minute exposure of the pulp on which the filling had evidently pressed. Mr. Hutchinson advised the removal of the tooth, and the result was most satisfactory. The patient's appearance at once began to improve, and, at the end of six months, the difference between the two eyes was so slight that it would not be noticed by a casual observer. It was evident, therefore, that in this case reflex irritation of the third nerve had been caused by irritation of a branch of the fifth, and this in the absence of any symptoms referable to the tooth.

Rupture of the Vagina.

Dr. George E. Thompson thus writes in the *Med. News*, Dec. 19:

I wish to report, in addition to those mentioned recently in the *Medical News*, another case of vaginal rupture which occurred in a girl nineteen years of age, as the result of coitus. The same man had had intercourse with her once before and, with the exception of considerable pain, without any bad result. This time, however, the pain was very severe, and the act was followed by a profuse hemorrhage, which still continued when I saw her eighteen hours after. I found her in a bed which was soaked in blood. She was very anæmic, much exhausted, and had a weak, rapid pulse. On examination, I found no bleeding at the hymen, but about an inch beyond, on either side, were several longitudinal fissures, from half an inch to an inch in length, from which the blood was oozing at the rate of a teaspoonful in two minutes (vaginal distention by the speculum probably increased the flow to some extent). The bleeding was stopped by packing the vagina with tampons saturated with liq. ferri sub-sulphatis.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The employment of bromide of ethyl or hydrobromic ether as an anæsthetic is discussed by Dr. Lawrence Turnbull in a reprint before us. It is probable that there is no person in our country who can speak on this subject from a wider and more intelligent observation. The conclusions at

which he arrives are not unlike those which he announced as far back as 1870, and may be briefly summed up in his own words as follows:

"Bromide of ethyl should never have taken the place of chloroform or sulphuric ether where any tedious operations are to be performed; but there is no reason why this useful anæsthetic should not be employed in all operations in minor surgery and in those on the eye, ear, throat and nose, having everything ready in advance so that the patient shall be as short a time as possible exposed to the evil effect of an anæsthetic."

—Mr. Reginald Harrison, F. R. C. S., of Liverpool, has reprinted from the *British Medical Journal* the description of a method of treating urethral stricture by combining internal and external urethrotomy. The plan is ingenious, and appears to have met with success.

—Dr. D. W. Cathell, of Baltimore, sends us a reprint setting forth in warm terms the advantages of medication by the rectum over that by the mouth in many cases. He is certainly quite right in his position that this convenient and efficient method is too much neglected, and we hope this article will call more attention to it.

—Dr. Donald MacLean, President of the State Medical Society of Michigan, at the last meeting of that society delivered an address on the mutual relations of the medical profession and the state, which has been printed by the society. It is a thoughtful production, and merits careful reading by all interested in the important questions it broaches.

BOOK NOTICES.

Clinical Notes on Uterine Surgery, with Special Reference to the Management of the Sterile Condition. By J. Marion Sims, M. D., etc. 8vo., pp. 401. Price, \$1.00. Wm. Wood & Co., New York, 1886.

This is the same work which was published in 1873, and is apparently printed from the same plates, the title-page bearing the date just named. It is, however, issued in paper at a reduced price as a "memorial edition." Undoubtedly it is one of the most characteristic and original of Sims' productions, his management of sterility being much more his own than his operation for vesico-vaginal fistula. Many physicians will be glad of adding this treatise to their library at the moderate sum asked for it.

THE
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 A WEEKLY JOURNAL,
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THE
QUARTERLY COMPENDIUM
 OF
MEDICAL SCIENCE.

The attention of our readers is especially called at this season to the **QUARTERLY COMPENDIUM**, which we publish.

It is, in fact, a supplement to the **REPORTER**, being made up of articles which have not appeared in the weekly, but yet are of value and interest to the physician.

It contains about 150 pages of reading matter in each number, and the whole four numbers, embracing 600 pages of choice material, will be sent to paid-up subscribers to the **REPORTER** for the very moderate price of

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THE NEW YEAR.

It is occasionally a pleasant pastime to forecast the future, to wit., when there are good grounds for taking a cheerful view of it. Certainly that is now the case for the general business interests of the United States. Merchants in this city who have the best means to acquaint themselves with the movement of values, tell us that the volume of business, taking the whole country over, is greater now than at any previous period in its history. True, they add, the percentage of profit is less than in years gone by, but to the cautious citizen this is rather matter of congratulation than otherwise, as the facility of getting rich quickly is, in the long run, an injury to society.

This general condition is reflected in the status of the medical profession. Never before were there so many thoroughly educated physicians among us; never was the standard of our medical schools so high; never were our hospitals, sanitary institutions, and boards of health, so numerous, so well supported, and so efficient.

Perhaps we are too much given to under-rate our progress in these directions. Comparing ourselves with some of the much smaller and much older countries of Europe, still more, comparing ourselves with our own ideals of perfection in these respects, we may be tempted frequently to speak with something like contempt or despair of our advancement. It is a decided error of fact so to do. Any intelligent physician who has had the advantage of some public position bringing him largely into contact with his professional brethren for the last quarter of a century, cannot fail to acknowledge the enormous, the surprising advance that has been recorded.

This growth will not cease nor diminish. On the contrary, it will become more marked year by year, and the year on which we are now entering bears every promise of adding not a little to the general sum of professional improvement. We trust that all the profession, and especially all our readers, will have cause to acknowledge the truth of our forecast, when the year 1886 draws to a close.

THE PRACTICAL VALUE OF ESTIMATING THE AMOUNT OF UREA PASSED DAILY.

We have often wondered when we read clinical reports and witnessed eminent clinicians make examinations, why more note was not made of the amount of urea passed by the patient. It is the retention of this product of retrograde metamorphosis that works the mischief in Bright's disease, and the detection of casts and the presence of albumen do not indicate to us how well or how poorly the kidneys may be doing their work.

By their presence we simply know that there is a congestion and a degeneration of the kidney, which we assume hampers its function, but we do not thus learn how serious or how slight may be this hindrance. Therefore do we note with pleasure the article in the *Brit. Med. Jour.*, Dec. 5th, by Dr. W. E. Green, wherein he insists upon the importance of estimating the amount of urea passed daily. Dr. G. says:

"Having made these preliminary remarks, I will now show you Dr. Squibb's apparatus for the approximate estimation of urea in urine, and describe the method of using it. Several methods of estimating the amount of urea are in use, but the one known as the hypochlorite process is most convenient for clinical use. It depends on the fact that a solution of hypochlorite will decompose urea, and liberate its nitrogen in the free state. This nitrogen being collected and measured will, by calculation, give the amount of urea present. To save trouble, a table is supplied with the apparatus, which shows the percentage of urea, and the quantity contained in a sixteen-ounce pint, thus simplifying the calculations.

"The urine should be collected for twenty-four hours as follows: Commence at any hour by emptying the bladder and throwing the urine away. The whole urine passed during the next twenty-four hours, evacuating the bladder at the same hour, should then be mixed together, measured, and a sample sent for examination, with a statement of the exact quantity of the product.

"When a fall in the excretion of urea is disturbing the system, it is well, first, to cut down the albuminoid elements of food; secondly, to increase renal excretion; thirdly, to act upon the bowels and skin. But the only way to ascertain this fall in the excretion of urea, is to test the urine in the man-

ner described daily, or at any rate frequently, in all suspicious cases."

"Defective action of the kidneys can be compensated by rousing the skin and if the bowels, become constipated in renal inadequacy, they should be promptly acted upon. At the same time, it is well to stimulate the sudoriferous glands of the skin.

CLINICAL LECTURERS.

We have had occasion before to call attention to the dereliction of clinical teachers in coming late to their clinics and thus forcing the students unwillingly to lose a portion of their valuable time. Recently we attended two prominent hospitals on the same day. The first lecturer was fifteen minutes, the second ten, and the third (at the second hospital) ten minutes late, thus, in three hours, causing a loss of thirty-five minutes of valuable time to the students.

Clinical teachers should recognize that they owe a duty to the students; the advantages of clinical teaching are reciprocal, the benefit is not entirely derived by the student, for these lecturers are advertising themselves to the future physicians who will be sending their difficult cases to "city doctors," and this dereliction will cause an unconscious black mark against their names in the minds of these embryo physicians. *A word to the wise is sufficient.*

"CONSUMMATUS EST."

As we intimated in our last issue, the Board of Guardians of the Poor of this city have displaced Dr. Richardson from his position of physician-in-chief of the Insane Department of Blockley, and have elected in his stead a man without experience as an alienist.

This action can only be characterized as OUTRAGEOUS. It was the direct result of political wire-pulling, and is a disgrace to the charity of our city. It is a crying shame that our *insane paupers* should be placed at the mercy of a lot of huckstering politicians, and it looks very much as though the affairs of Blockley again required the investigating hand of the Committee of One Hundred.

We cannot recall that we have ever been called upon to record a more flagrant injustice. Dr. Richardson was eminently capable, *but he was not a politician*, and he had to go. This is the plain English of it. Let the visiting staff take note, whose turn will come next!

THE MEDICAL RECORD.

The New York *Medical Record* takes exception to our editorial in the issue of December 19, in which we speak of that journal as "the organ of the New York Circle," and denies the charge.

Without wishing to injure any one, we would merely call the attention of the *Record* and the profession to two questions, the answers to which, we feel, will sustain our position.

1. Who started the revolution against the New York County, the New York State, and The American Medical Associations, some three years ago?

2. What journal supported those who started this revolution?

There can be but one answer to these questions. The revolution was started by the New York Specialists, who desired more freedom of consultation, and the revolutionists were supported by the *Medical Record*.

MUSHROOM POISONING.

Every physician should carefully read the article on "Amanitine," by Mr. Charles McIlvaine, in two recent issues, and should store away in some handy recess of the brain the cases so well reported by Dr. Shadle.

Cases of mushroom poisoning are not very common, yet they are just the cases to which we are called at a moment's notice, and which we are obliged to treat at once. The literature of the subject is not very extensive, while the field is amply covered in the article in question.

NOTES AND COMMENTS.

The Physicians' Clinical Record as a Gift!

All subscribers who remit for the full year 1886, before the 15th of January, will be

entitled to a copy of the *Physicians' Clinical Record*. This is a very convenient memorandum book, adapted to contain the clinical record of one hundred cases of disease. It is neatly bound, and suitable for carrying on the person.

In all cases, the remittance must be made for the full year, and direct to this office. Subscriptions sent through agencies will not be entitled to the gift.

Hysterical Hemianæsthesia.

It is true that our text-books have comparatively little to say on this subject, and it is to be regretted, since in these days of steam, æstheticism, progress, worry, abortions, and conjugal frauds, the hysterical element, particularly in women, plays a very important role in disease. Hence is it well that we note some points from Dr. F. C. Fernald's paper in the *N. Y. Med. Jour.*, November 7. While most commonly observed in young women, this affection is not limited to any sex or age. The left side is most often affected, the anæsthesia, beginning exactly in the median line, being, in marked cases, absolute. Not only is the sense of touch gone, but also are the special senses on the affected side. The skin is paler and cooler, and bleeds but slightly, if at all, when pricked or cut. Typical cases are rare, and there may be every degree of variation. The attack may come on suddenly or gradually, and may last for days, months, or years. Its departure may also be sudden or gradual. There is also often involvement of motion.

Hysterical hemianæsthesia has one striking peculiarity in the fact that the patient is usually unaware of its existence, and that the physician himself is apt to overlook it unless he makes his examination in a thorough and methodical manner. To avoid deception, it is essential that the patient should have his eyes closed during the testing of the cutaneous sensibility, and it is best that he should also not know beforehand what is to be done. The test is made by pricking with pin, by the electric brush, by small bottles of water at different temperatures, and by other means that readily suggest themselves. The examination of the skin should be the first test in the examination of the patient, because, if any anæsthesia is found, it gives the key to the affected side, and knowing this we can avoid being deceived while testing the special senses. Always try the special senses of the suspected side first; otherwise the patient may be self-deceived by mistaking what we may call the

"after-images" of the impressions that have been made upon the well side for genuine impressions on the affected side.

Be always on your guard for malingering.

Mental and moral influences and time are the best curative agents.

A Case in which Four Tapeworms Co-existed in one Person.

Dr. T. A. Palm reports the following somewhat peculiar case in the *Lancet*, Nov. 28:

A German gentleman residing in Niigata, Japan, had suffered from tapeworm for more than twelve years, and had undergone a variety of treatment without avail, having at one time eaten a large plateful of boiled pomegranate-root. He prescribed for him eighty minims of the ethereal extract of male fern, to be taken on awakening in the morning, after fasting from noon of the previous day. It was taken in milk, in three portions, at short intervals, and the recumbent position was maintained till nausea had passed away. He had explained to him the importance of finding the head, and described what it was like. Later in the day he brought in triumph two heads in a small phial, and a large quantity of tapeworm. Upon arranging this around a large tray in lengths, he found that there was more than could be accounted for by two tapeworms, there being an array of the narrow segments near the head, beside those belonging to the two heads already evacuated. He was somewhat incredulous when informed that he had another left in him. After some weeks, however, he paid a further visit, as he was again passing proglottides. The male fern was administered as before, bringing away one head and a considerable length of the worm. Upon examining this, and carefully putting it together on a tray, he again found that there were two lengths of the narrow upper portion of the parasite, which evidently belonged to separate worms. The patient delayed treatment until there was indisputable evidence that he was not cured, and then a third dose of the same remedy brought away the fourth and last head. His health did not appear in any way to suffer from the presence of the four tapeworms. His appetite was somewhat improved by the presence of the four guests whom he entertained, but this was a symptom of which he did not complain. He sought relief from the annoying consciousness of being the victim of a repulsive parasite.

Retention of Broken Glass in the Vagina for Seven Months.

Dr. J. A. Angus thus writes in the *Brit. Med. Jour.*, November 28, 1885:

On October 19, I was called in to see Mrs. F., aged forty-seven, who informed me that about five years ago, when in London, she consulted a physician, who told her that some displacement of the womb existed; but, under the treatment adopted then, relief was soon obtained.

Menstruation having ceased for the last six months, and some slight return of the old symptoms being felt, she requested me to make the necessary examination. On introducing the forefinger of right hand into the vagina, it came upon a hard round body lying to the right and posterior side of the cervix uteri. It felt firmly fixed, but, after some patient manipulation, became dislodged, and, to my astonishment, proved to be the broad perforated end of a broken glass female syringe.

The patient was amazed, and, upon my questioning her with regard to it, said that, about seven months ago, she broke a syringe when using a vaginal injection, but, hearing her husband coming upstairs, put the fragments into the chamber utensil, and thought no more about it.

Copulation has been performed many times since then, the husband complaining of feeling some obstruction. The position of the foreign body had become exactly reversed, as the sharp point was lying upwards in the posterior vaginal wall, the convex blunt end of the syringe with its numerous perforations downwards, and, as mentioned before, being moulded to the right posterior side of the cervix. How such a sharp-pointed body became reversed and worn so long without injury to the vagina, and comparatively little discomfort, is most singular.

Iodol.

A foreign exchange says: To the progress of synthetical chemistry we owe an addition to our present list of local antiseptics which, if on further trial it be found to bear out the promises made for it by its discoverers, bids fair to take the place of iodoform altogether. Iodol, the substance referred to, is a dark powder obtained from "Dippel's animal oil." It has but little smell, and is soluble in 3 parts of absolute alcohol, but only in 5,000 parts of water. More than two hundred observations on various diseases have been made with it in the Royal Surgical Institute in Rome. It was used in sub-

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stance, suspended in glycerine, dissolved in alcohol with glycerine, and as ointment. Chancres were washed with distilled water, very carefully dried, and sprinkled with iodol in powder, and covered with silk protective, the dressing being changed daily. In six days' time the base of the chancres began to granulate, and the edges to show signs of commencing cicatrization. Similar treatment was adopted in the case of open buboes, which very soon began to exhibit a healthy appearance, and in a short time healed up. In many cases of simple indolent ulcers iodol was equally valuable, the whole character of the sore becoming changed after a few applications. Neither erysipelas nor diphtheritis was ever observed in cases treated with iodol.

A Case of Poisoning by Datura Stramonium.

Dr. Roth László, in *Nagy-Bajom* (Somogy), in Ungaria, reports the following interesting case in the *Wiener Med. Blatter*, September 11, 1885:

A girl, aged four, had eaten a large quantity of the seed, flowers, and leaves of datura stramonium. The most intense symptoms of poisoning, very similar to those which, as well known, occur after intoxication by belladonna, rapidly developed themselves, and notwithstanding the immediate and liberal use of emetics and the other remedies generally employed in these cases, no improvement set in, and the prognosis appeared exceedingly grave. While examining the little patient, Dr. L. noticed the great dryness of the skin, so characteristic of poisoning by stramonium or belladonna. This fact suggested to him the administration of muriate of pilocarpia, and as the case seemed hopeless, a considerable quantity of a one per cent. solution of this drug was hypodermically applied. About one grain of the remedy—a very large dose, considering the age of the girl—was thus injected, improvement suddenly set in, and continued so rapidly that ten minutes later, after the last injection, which brought the dose of the pilocarpia up to one grain, the child had completely recovered, without leaving any trace of the poison or evincing any morbid symptom which could have been ascribed to the effect of the pilocarpia.

An Instructive Case.

How a diathesis of the blood may often give rise to obscure symptoms, which it is at times almost impossible at once to recognize

as regards their true meaning, we have often shown in these pages by the report of cases. The following, published by Verneuil, in the *Gaz. Hebdomadaire*, 1885, 31, is specially instructive:

To Dr. V. a washerwoman, set. 31, was brought, who had a small wound made by a knife in her left breast. Twenty-four hours later an incessant cough developed, unamenable to treatment, and the patient also complained of severe pains in the region of the left hypochondrium. Revulsives and narcotics were of no avail. Then the suspicion of the presence of malarial poison in the system was awakened. Sulphate of quinia was administered, and one day later the patient was discharged cured. For nine days after this, and after the little wound had long since completely healed, the symptoms suddenly returned, and once more yielded rapidly to quinine, the cure this time proving permanent. V. had first considered the symptoms to be due to hysteria, until he heard that the patient, when 13 years old, had suffered for over a year from intermittent fever. The case was specially complicated by the remains of an old pleurisy on the same side as the wound and the pain, so that nothing appeared more plausible than to ascribe the symptoms to the affection within the chest caused by the injury, and only the want of effect of treatment induced V. to make further inquiry.

Pichi, a Chilean Remedy for Cystitis.

The *London Med. Times* says that a Chilean plant, called by the natives Pichi (*Fabiana Imbricata*), has long enjoyed a great local reputation in the treatment of urinary diseases, having even been supposed to cure renal and vesical calculi. Although, doubtless, its virtues have been exaggerated, it is believed by a writer in the *Diario Médico-Farmacéutico*, A. Rodriguez, of Buenos Ayres, to be very efficacious in certain maladies of the urinary organs and of the liver. He finds that it is especially valuable in vesical catarrh produced by the mechanical irritation of gravel, calculi, or due to a uric acid diathesis. It allays the irritation, lessens the secretion, and favors the expulsion of the gravel and of calculi which are sufficiently small to pass through the urethra. Its effect on hepatic disorders appears to be due to its climatic action. It has been found useful in Rio de Janeiro in several cases of jaundice, dropsy, and dyspepsia, due to deficient biliary secretion. A fluid extract of the plant is prepared, containing 20

grammes to each tablespoonful, and of this from four to six tablespoonfuls are given *per diem* in either hot or cold water. Dr. Demarchi has examined pichi chemically, and finds in it,

1. An essential highly aromatic oil.
2. A resin; and,
3. A fluorescent substance resembling esculin, paviin, and fraxin, which crystallizes in needles.

Injection of Defibrinated Blood Hypodermically.

Dr. Oscar Silbermann, of Breslau, has published an account of two cases of severe anæmia which he treated successfully by the subcutaneous injection of defibrinated human blood. The first case was that of a little boy of eight, who after measles and whooping-cough became very anæmic, there being a systolic mitral murmur, vomiting, and fainting fits. Iron and other drugs were tried and proved useless, so forty grammes of defibrinated human blood were injected under the skin of the thigh, and a rapid improvement resulted. The injections were therefore repeated, and the child was completely cured. The second case was that of a girl of eleven, who had been reduced to a highly anæmic condition by profuse bleeding from a rectal polypus. There were in her case, as in that of the boy, a systolic mitral murmur, vomiting, and fainting fits. Fifty grammes of defibrinated human blood were injected subcutaneously into the thigh, and rapidly brought about a cure. The author remarks that the greatest care must be taken to disinfect the hands, the instrument, and the cutaneous surface, both of the patient and of the person who gives the blood. The blood must be completely defibrinated, and kept at a temperature of 39° C.; also, during and after the injection, the surface should be rubbed or stroked in an upward direction.

Hypodermic Injections of Salicylate of Cocaine in Neuralgia.

The *Lancet*, Oct. 17, says that Dr. Max Schneider has successfully employed subcutaneous injections of 0.4 gramme (about a quarter of a grain) of salicylate of cocaine in the case of a woman suffering from a third attack of severe neuralgia affecting the second and third divisions of the fifth nerve. Her first attack, which occurred five years previously, had been cured by large doses of quinine. The second attack lasted for nearly six months, and was quite

unaffected by quinine, but ultimately yielded to morphia and iron. The third attack had already lasted for four weeks, when the author commenced the use of the cocaine. He injected it into the right cheek eight times in six days, the punctures giving no pain, and being followed by no unpleasant effect. This was followed up by the employment of the constant current, the anode being applied to the painful spots, which corresponded with the points of exit of the branches of the nerve, and the cathode to the neck. The relief from pain and from the consequent insomnia afforded by the cocaine was remarkable, and Dr. Max Schneider thinks that this method of relieving neuralgia is well worth further trial.

Theine.

After writing on the analgesic qualities of this drug, in the *Med. News*, December 12, Dr. Thomas J. Mays thus concludes:

"From the results of the action of theine in these cases, it will be seen that it is a powerful anodyne without producing any intoxication of the higher nerve centres, which is so common with morphia and all other agents belonging to this class. Its influence is both quick and persistent, and it manifests an almost exclusive affinity for the sensory nerves. It relieves pain by acting from the centre toward the periphery, and showing its effects but very seldom above the seat of injection. This is precisely in harmony with what was found in the experiments on the lower animals. In $\frac{1}{10}$, $\frac{1}{5}$, and even $\frac{1}{3}$ grain doses it is entirely free from dangerous consequences—the only inconvenience which it causes is a slight, but transient burning at the point of introduction. I use a one per cent. watery solution of Merck's preparation—ten minims of which equal one-fifth of a grain of theine. Larger doses are required in some individuals in order to bring out its characteristic action."

Comparison of Packing and Hot Baths in the Treatment of Nephritis.

A considerable number of observations have been made by Dr. Gess, of St. Petersburg, with the object of determining the relative effects of wet-packing and hot-air and hot-water baths as diaphoretic agents in the treatment of nephritis. He finds that the temperature is raised by all these methods of treatment, the greatest elevation being produced by the hot-water baths, and the least by the packs. The effect of the

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packs, too, is the more transient, as twenty minutes afterwards the temperature falls, whereas it remains high for fully an hour after the hot-water baths. The same difference is observed in the increase of the pulse and respiration by the three methods of treatment. The diaphoretic action appeared to follow the same law, being greatest after hot-water baths and least after packing; the effects of the hot-air baths appearing, as in the foregoing cases, to be intermediate between the hot-water baths and the packs. He therefore thinks that hot-water baths offer a mode of treatment preferable to the others.

Recovery of Speech.

In the *Epworth Bells* of October 31, a remarkable case is recorded in which an old man of seventy-three years of age, who had been dumb since he was fifty-three years old, suddenly recovered his speech. Although about the same time that speech was lost he also became deaf, it is quite obvious that he did not become dumb in consequence of loss of hearing; for although after adult life has been reached, in those cases where hearing is completely and suddenly lost, the voice undergoes considerable alteration in tone, the power of modulating it being absent, the ability to speak in the language that has been acquired remains. This is, of course, quite a different state of things from what happens in early life, where words which are not constantly heard are very rapidly forgotten. When the loss of speech in children succeeds deafness, the loss is gradual; but in this instance of the old man, both the loss of speech and its recovery were equally sudden, thus pointing to an intracranial lesion, and not depending on the deafness.

Lagophthalmos in Diabetes.

Facial paralysis has not had much attention drawn to it in diabetics. Dr. Fieuzal, in the *Bulletin de la Clinique National Ophthalmologique de l'Hospice des Quinze Vingts*, of September, 1885, relates three cases of the facial paralysis under the title of "paralytic lagophthalmos in diabetes." The first case was that of a man in whom the right side of the face became paralyzed suddenly; corneal ulcers developed; the duration of the paralysis was three months, and ended in complete recovery. A year later the left side of the face was paralyzed for four months. There was no history or evidence of syphilis, and none of rheumatism, but the

urine was loaded with sugar. The treatment was simply that used for diabetes, together with some galvanic stimulation of the muscles. The history of the other two cases was practically of the same kind as the one we have briefly sketched.

CORRESPONDENCE.

BERLIN CORRESPONDENCE.

Ichthyol and its Uses.

EDS. MED. AND SURG. REPORTER:

Ichthyol, in the opinion of Dr. Lorenz, who speaks from experience, is an admirable, in some points unequalled remedy against inflammation; for on the one hand its effects are quicker than other remedies, and besides it can be used, especially in war, on the upper parts of the body without disabling the patient. Dr. Lorenz gives a few cases in which he has proved its efficiency as follows:

Mrs. M., 63 years old suffered for ten years from irritation and burning of the entire skin; she states that this had been the case even in childhood, but only for the last ten years had it been so unbearable that for weeks she was unable to sleep—patient said she had been treated unsuccessfully by four physicians. Dr. Lorenz, on examination, found the picture of prurigo—the recipes shown to him proved that all the remedies generally used had been prescribed; he therefore tried ichthyol (recommended by Dr. von Hebra) with water (30:100). On the following day the patient, who, after a warm bath, had used it twice, declared that she felt only slight irritation, and was able to sleep. She used it two weeks longer, and up to the present, although three months have passed, has felt no irritation.

In pruritus, especially in obstinate cases of vulvitis and pruritus, a solution of ichthyol and water has also done splendid service. In burns it has proved efficient, almost instantaneously relieving the pain, and, when used immediately, preventing the formation of blisters.

Patient 53 years old had severely burnt his right hand; the entire back of the hand was a granulating ulcer, the fingers and back of the forearm covered with blisters. After opening and partially emptying them a 10% watery solution of ichthyol was poured over the hand, and a linen bandage soaked in oil enwrapped it. The healing was remarkably quick.

Dr. Lorenz has tried the 10% solution in

cases of badly healing sores and ulcers of the anus, and has always found it excellent.

Internally the Doctor has used ichthyol chiefly in chronic cases of catarrh of the stomach, and its taste not being agreeable, although not so disagreeable as chinin, for example, the Doctor gives it to females in capsules; males have no difficulty in taking the one per cent. solution (4 to 6 tablespoonfuls *pro die*).

Patient M. had suffered several years with catarrh of the stomach; had been troubled by vomitus, not only in the morning but also afternoon. Bism. subnit., with morphine, gave partial relief during severe attacks; other remedies had failed in giving even relief, not to mention cure.

Dr. Lorenz tried ichthyol-natron capsules (à 0.25 grammes). After sixteen capsules had been taken the vomitus had ceased; patient felt himself in excellent health, with strong appetite, which had previously been very weak.

The New Hygienic Institute in Berlin.

In the beginning of December Professor Koch had his first lecture in the lecture hall of the Hygienic Institute. The audience was composed of many students, younger and older physicians, some pupils of Koch, Dr. Frobenius, of Munich, and several foreign physicians from Spain, Italy, France, etc., all eagerly waiting to greet the new professor.

Prof. Koch, who is gifted with a sonorous, agreeable voice, commenced in a simple and clear manner by a historical review of the development and importance of hygiene, as being that science which seeks to preserve health.

While physicians have been learning to cure diseases, they are now learning how to prevent them. The first instigation to this rational view of the cultivation of health, was given by the cholera epidemic of 1830, which showed the helplessness of the physicians. It was only afterwards that the high sanitary worth of cleanliness, good drainage, etc., began to be understood. In the opinion of the lecturer, Pettenkofer, of Munich, was the first founder of exact scientific hygiene. He first pointed out the dependence of cholera on the soil, was the first to begin experimental researches on the causes of diseases, and in the Hygienic Institute of Munich gave the first instruction in hygiene. Since then hygienic institutes have been added to other universities, to the University of Berlin among others, and it is creditable

to the present Minister, that in spite of many obstacles, he has done justice to the claims of science.

Prof. Koch then spoke of the efficiency and capability of hygiene as illustrated, for example, in vaccination, cholera-prophylaxis, etc. The high value which England, for example, gives to the rational cultivation of health is shown hereby, that more than £27,000,000 are annually given to hygienic purposes. This sum appears enormous, but more than its equivalent is reached by so many lives being preserved, and so many causes of disease being removed.

In his next lecture Prof. Koch will speak on the "Special Aims of Hygiene."

Berlin, 6, 12, '85. DR. L. CASPER.

NEWS AND MISCELLANY.

NOTES ON MEDICO-LEGAL MATTERS.

BY HENRY A. RILEY, ESQ., NEW YORK.

Adulteration of Food Products.

The subject of the adulteration of food products is rapidly acquiring a prominent place among economic questions, and more stringent laws are urged. In the case of oleomargarine, however, the most stringent laws have been declared in New York by the Court of Appeals to be unconstitutional. The law was absolutely prohibitory there, and was vigorously carried out until the highest court in the State decided that the manufacture and sale of oleomargarine could not be prohibited, as when properly prepared it was not unhealthy. This position must be accepted as sound, but in effect it permits the sale of oleomargarine for genuine butter, as imitation butter is never sold for what it really is, but always for the genuine article.

In Pennsylvania a test case is pending, and a decision similar to that in New York is very likely to be rendered. The manufacture of oleomargarine is assuming gigantic proportions, and at the recent National Butter, Cheese, and Egg Convention, held at Chicago, this was the principal topic of discussion. Most of the speakers thought that the only remedy was in a uniform law to be enacted by Congress.

A Curious Bastardy Case.

A curious case in medical jurisprudence occurred recently in Wisconsin in a bastardy case. The design of the prosecution was to

prove that a certain person was the father of the bastard child and liable for its support. With this view, the child was offered in evidence, with the intention of showing the personal likeness between the two. This was objected to, and the general question considered of the propriety of such evidence, with the result that the child was excluded from the witness-box. The court quoted with approval the following opinion from Beck's "Medical Jurisprudence:" "It has been suggested that the resemblance of a child to the supposed father might aid in deciding doubtful cases. This, however, is a very uncertain source of reliance. We daily observe the most striking differences in physical traits between parent and child, while individuals born in different parts of the globe have been mistaken for each other. And even as to malformations, although some remarkable resemblances in this respect have been noticed between father and child, yet we should act unwisely in relying too much on them. There is, however, a circumstance connected with this, which, when present, should certainly defeat the presumption that the husband or paramour is the father of the child, and that is when the appearance of the child evidently proves that its father must have been of a different race from the husband or paramour, as when a mulatto is born of a white woman whose husband is also white, or of a black woman whose husband is a negro."

Testimony in Insanity Cases.

A recent case in Pennsylvania states some rules as to testimony in insanity cases which will be of interest. Witnesses by general study and experience may acquire such skill as will qualify them to give an opinion as experts in matters relating to insanity. Witnesses may also possess such special knowledge of a particular person as to qualify them, though not properly experts, to express an opinion as to that person's mental unsoundness; such an opinion, however, must be based upon facts testified to.

Witnesses not shown to be experts and not having testified to facts tending to show mental unsoundness, are not competent to express an opinion in regard thereto. The facts which they have testified to need not, however, be excluded. The burden of proof of insanity is upon the party alleging it, and may be supported by proof of a general mental unsoundness during a prolonged period, or of a particular unsoundness at a precise period; if the proof shows a general mental unsoundness during a prolonged

period, the burden of proof is shifted upon the other party to show that any act in such period was performed during a lucid interval.

Compulsory Vaccination.

The question of compulsory vaccination was discussed at a recent meeting of the Society of Medical Jurisprudence in New York, and the general opinion was expressed that a law would be desirable which should make vaccination a necessity. It was not thought, however, that the adoption of such a law would be politic now, before the community had been educated up to stronger belief in the efficacy of vaccination.

Dr. Taylor, of the Board of Health, gave some statistics which showed that the opposition among people living in the poorer districts was very much less than it formerly was.

The Treatment of Hysteria.

A prominent physician of Paterson, N. J., was arrested a short time since under very curious and amusing circumstances. The physician was summoned to attend a person who was said to be suffering from cramps, and the following is the statement made subsequently to the Police Justice by the patient of the treatment he received: "When the doctor arrived, I was on the lounge in great misery. He felt my pulse, and then began to cuff me, first on one side of the head and then on the other. Then he hit me in the eye and knocked me off the lounge and wiped the floor with me. I want him arrested."

"Perhaps it was some sort of treatment the doctor was giving you," suggested Recorder Greaves.

"What! knock a man on the head and hit him in the eye for a pain at the pit of the stomach? No, I guess not! I want him arrested."

The warrant was, after a while, issued, and the doctor, in his turn, made a statement of the affair: "Why," said he, "I found the man suffering from hysteria. His pulse and condition showed that he really had no such cramps as he described. No doubt he thought he had, but it was a purely nervous trouble. I tried to engage his thoughts and get them off the apparent seat of pain, but being unable to do so in any other way, I had recourse to the old-fashioned method of making him angry; I slapped his cheeks and rubbed his ears. As soon as he got angry he experienced a change of the current of his thought, and the attack of hysterics was

over. That ended the pain. That is a frequent remedy in a hypochondriacal attack."

What the result of the arrest was does not appear, but the physician was probably discharged.

The Medical Staff in Germany.

Our Berlin correspondent writes that the general increase of members of the learned professions is also noticeable in the medical profession. In 1866 Prussia contained 7,846 physicians; in 1876 there were 8,161; in 1878 8,372; in 1881, 8,439; in 1882, 8,553; in 1883, 8,693; in 1884, 8,808, and in 1885, 9,018, an increase in one year of 210, or 2.7 per cent.

The increased number of medical students at the German universities portends a still greater additional growth of the medical profession for the future. The distribution of physicians throughout the kingdom is unequal. Apart from the city district, Berlin, which has 1056 physicians, the gubernatorial districts of Dusseldorf and Breslau contain the largest number of medical men, these having 543 and 528 respectively; then come Wiesbaden with 431, Schleswig with 399, Potsdam with 392, and Cologne with 382, whilst Stralsund contains but 95, Cöslin 90, Aurich 85, and Stade 82. The greatest increase since last year, an addition of 54 (5.4 per cent.) falls to Berlin, next comes Breslau, with additional 14 medical men, Oppeln 12, Dusseldorf 11, Liegnitz 10, Königsburg also 10. The districts Posen, Stade, Coblenz, Osnabruck, and Schleswig have fewer physicians than last year. The decrease was greatest (7) in Schleswig. Comparing the number of physicians with the number of the population according to the census of 1880, we find 3,025 inhabitants for every one medical man; but assuming, according to the latest information of the Royal Statistical Bureau, the present population of Prussia to be at least 28,750,000, there would be one physician for every 3,188 inhabitants. In the several districts the number of inhabitants to one physician is very different. On an average there are far fewer medical men in the eastern parts of the kingdom than in the western. In Wiesbaden there is one physician to 1,700 inhabitants, in Cologne one to 1,892, in Bromberg the rate is one to 5,678, Oppeln one to 5,748, Marienwerder 6,108, Cöslin 6,512, and Gumbinnen one for 7,413 inhabitants. Among cities, apart from Berlin, which contains 1,056 physicians, Breslau has the largest number, 258—the same number as last year—then fol-

lows Cologne with 148, Königsberg with 137, Frankfort-on-the-Main with 124, Hannover with 194, Wiesbaden with 90, Bonn with 71, and Danzig with 70. In comparison with the number of inhabitants, the university towns, the watering places, and then those cities whose population numbers above 100,000, have the largest number of physicians. In Bonn, there are but 440 inhabitants to one physician, in Wiesbaden 558, in Cologne 970, and in Berlin 1,063. In the smaller towns the number of physicians diminishes, and there are in Prussia 72 towns, or market places, which contain neither physician nor apothecary, 19 which contain one and even two physicians, and 15 which boast of an apothecary but no physician. Comparing the proportion of physicians with the area of the empire, we find one physician to 38.8 square kilometres; in the gubernatorial district Gumbinnen the rate is 1 to 151.1 square kilometres, and in the gubernatorial district Dusseldorf one to 10.1 square kilometres. The oldest physician in Prussia, Dr. Schlegel, of Liegnitz, who passed his examination in 1814, died this year. At present, Dr. August Zeider, of Reichenbach; O. L., who passed his examination in 1819, is probably the Nestor among Prussian physicians. The oldest physician of Berlin is Dr. Steinthal, who passed his examination in 1821, not 1823, as falsely stated in the "Medical Almanac." Last year 226 physicians died, almost 3 per cent. of the entire number. In the previous years the number of deaths had been but 213 and 182. In all these calculations the surgeons second class have been included; their number is not large, only 72 all told; of these, the gubernatorial district Merseburg has the greater number, namely, 16. In 13 gubernatorial districts not one surgeon second class can be found.

Among the medical officers, we mention only the "Kreisphysici" and "Kreiswundärzte." In all Prussia there are 474 "Kreisphysikate" and 429 "Kreiswundärzte."

In the medical faculty of the nine Prussian State Universities there are 87 professors in ordinary and 95 (last year 99) professors extraordinary, besides 124 (117) "privat docents."

The number of dentists, which probably owing to the competition of their American colleagues had fallen, has been rising considerably during the last few years. In 1883, 247 were counted; in 1884, 265; in 1885, 278; in two years an increase of more than 12 per cent. Berlin alone has 67 den-

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tists, more than 24 per cent. of the entire number; the gubernatorial districts, Schleswig with 24, Dusseldorf with 21, and Wiesbaden with 18, show a strong conflux, against which throughout the entire gubernatorial district Marienwerder not a single dentist is to be found.

With regard to apothecaries, there are now 2,494. Since 1879 only 65 have been opened—0.4 per cent., not quite 11 to one year. In 1866 the rate was 1 apothecary to 3.55 physicians, now to 3.61. Whilst there is on an average in the entire State 1 apothecary for every 10,937 inhabitants, the rate is in the gubernatorial district Aurich 1 for 5,427, in Osnabruck 1 for 6,290, and in Stade 1 for 6,710; but in Cöslin the rate is 1 for 17,213, in Oppeln 1 for 17,999. In Berlin 9 new apothecaries have been opened, in Schleswig 5, in Potsdam 3. In Hanover only there has been a decrease of 1. The number of military physicians has also increased. It is well known that for years the military authorities found great difficulty in keeping the number of active sanitary officers up to the required standard, but of late the number is constantly rising. In 1883 there were 985; in 1884, 999; and at present there are 1,021.

Professor von Bergmann.

Our Berlin correspondent writes us that Prof. von Bergmann, the director of the Surgical Hospital of Berlin, recently celebrated the 25th anniversary of his career as a surgeon. Born in Finland, he passed his examination at the University in Dorpat. His education was the usual one of surgeons. Following his academical studies, he traveled a while, stopping longer in Berlin and Vienna. He then began practically, as assistant at the Surgical Hospital in Dorpat, under direction of Prof. von Adelmann. But it was the wars of the years '60 and '70 which considerably furthered him in his surgical skill. In 1866 Bergmann was employed in the Prussian service in the war hospital at Königshof, Bohemia, and during the war with France he was chief surgeon in the barracks of Karlsruhe and Mannheim; in 1877 he went into the field with the Russian army of the Danube as consulting physician.

Bergmann has given his experience of battle surgery in a series of writings. He has specially contributed articles on Excision of Joints. This operation on the knee was first brought into more general practice in war surgery by Langenbeck and Stromeyer

during the Schleswig-Holstein war of 1851. It was in the Russian-Turkish war that Bergmann first tried the antiseptic bandage of Lister, which had previously not been used in war surgery. Besides the writings founded upon his practice and surgical experience, Bergmann has written a series of purely theoretical investigations, which are principally a continuation of Lister's inquiries into antiseptis. These articles were begun during the year of '60, and have not yet been concluded.

With regard to "Septische Intoxication" wound fever, Bergmann believes it to be caused by "sepsin," an organic azotic body which he has found in decayed yeast, and which, when introduced into the organism of an animal calls forth the symptoms of septical infection. Later experiments of Schmiedeberg and O. Angurer in Würzburg, are calculated to confirm Bergmann's theory. To complete the picture of Bergmann's literary work, we must mention his works on "Kopfverletzungen" which appeared in the *Deutsche Chirurgie* of 1880, also his "Krankheiten der lymphdrüsen" in Gerhardt's "Handbuch der Kinderkrankheiten."

Very original was his first larger work, entitled "Die Lepra in Lirland," which was published in 1867. Leprosy, as an epidemic, is met with in Europe only in Norway and Sweden, and far more seldom in the east sea provinces. In his book Bergmann makes known all that he has ascertained about leprosy in his native country.

Bergmann remained in Dorpat until 1878. He then went to Würzburg as the substitute of Linhardt. In 1882 he settled in Berlin as director of the University Hospital, succeeding Bernhard von Langenbeck. Here he had to battle with many difficulties. His lectures on surgery are listened to with intense earnestness by the students, who, term after term, crowd his lecture hall to the doors.

Remarkable Italian Fecundity

Expressing considerable doubt as to its veracity, we note as follows from the Naples letter to the *Paris Register*:

"The most extraordinary case of fecundity that I have ever heard of came to my knowledge last week. About twenty-five miles from here, and by rail two or three stations beyond Pompeii, is the historical city of Nocera (the Nucera of the ancients). In the rione, or ward, of Liposta lives Maddalena Granata, aged 47, who was married at the

age of 28 to a peasant, just nineteen years ago. Maddalena Granata has given birth to, either dead or living, fifty-two children, forty-nine of whom were males. She enjoys florid health, is robust, and twenty-four hours after her last accouchement was ready to go out to her accustomed labor in the field. She has no hesitancy in conversing with any one about her extraordinary prolificness. Her physician, Dr. Raphaël de Sanctis, of Nocera, says that there is not the least exaggeration in these statements. Has any one ever heard of such phenomenal fecundity in the whole history of maternity—fifty-two children, alive or dead, in nineteen years! She has had triplets fifteen times."

History of the Pennsylvania Hospital.

There is in existence a valuable history of the Pennsylvania Hospital, written by Franklin himself, in which he gives the credit for originating the enterprise to his friend Dr. Thomas Bond; but great as were the services of this active physician in the movement—he and his brother and Dr. Lloyd Zachary, when the cost of medical attention became a barrier, offering to serve gratuitously for three years, and thereby setting the precedent that has ever since been followed—it is evidently and fully attested by records and other evidence that Franklin was the prime mover throughout. He kept in the background partly from his modesty, but principally because he was at time a candidate for Representative of Philadelphia in the Assembly. Even at this time Franklin had the idea of national independence on his mind, and of his wonderful foresightedness and longheadedness nothing can give better evidence than the fact that the present great hospital building is just as he planned it a hundred and thirty-five years ago, though the population of the city, then 20,000, has grown to nearly a million. He was building for the future.

Items.

—It is estimated that there are now in the United States 120,000 practitioners of medicine, including non-graduates.

—"Charlatanism," says Dr. Holmes, "always hobbles on two crutches—the tattle of women and the certificates of clergymen."

—Dr. Edson, of the New York Health Department, recently seized, at the West Washington Market, the carcasses of eighteen hogs which had died of hog-cholera.

—The *Med. Record* of December 26 says

that it is reported that the New York Post-Graduate Medical School will not receive medical women as matriculants after the present session.

Personal.

—Dr. and Mrs. Fenton have arrived out on their way to Germany.

—George Alfred Townsend visited Northumberland borough several days ago to gather information of Dr. Priestley, the famous philosopher and discoverer of oxygen, who died there eighty-one years ago. He said he had in view a literary purpose, a book involving to some extent the life, character, and achievements of Priestley.

OBITUARY NOTICE.

JOSHUA H. WORTHINGTON, M. D.

Joshua Husband Worthington, M. D., died December 26, at his home on East Penn street, Germantown. He was born 69 years ago in Harford county, Maryland, and educated in the Jefferson Medical College, from which he graduated in 1838. He practiced four years in his native place and then came to this city. In 1860 he married Mary W. Kimber, of this city, and after her death, Sarah, daughter of Stacy B. Collins, of New York. He was resident physician and superintendent of the Friends' Asylum, Frankford; a member of the Association of Medical Superintendents of American Institutions for the Insane; American Medical Association; vice-president of the State Medical Society, and a member of the Society of Friends, and was the author of several articles on insanity.

QUERIES AND REPLIES.

PERMANGANATE OF POTASSIUM.

EDS. MED. AND SURG. REPORTER:

In the issue of your journal for December 19, 1885, "Subscriber" asks for information regarding the best vehicle for the administration of permanganate of potassium. As the drug depends for its therapeutic effect upon its contained oxygen, and as the salt is so readily decomposed, yielding up its oxygen to any organic matter present, it is absolutely necessary that great care be used in selecting a vehicle for its administration. I have obtained the best results by using no vehicle at all, administering the drug in compressed tablets; if for any reason a liquid preparation should be desired, pure water is the only menstruum that should be used, and the solution should be freshly prepared. I may add that Dr. P. M. Dew, in the *Brit. Med. Jour.*, April, 1885, p. 778, says that the best excipient in making pill is kaolin ointment, and adds that all saccharine ingredients should be carefully avoided, as being liable to cause decomposition, or even spontaneous combustion. In the same publication, page 846, Dr. Brannan states that unguentum resinæ is a more convenient and suitable excipient, as kaolin is difficult to manipulate.

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